

(Other than Nursery)

APPLICATION FORM

Important: Please answer all questions and print the information clearly in BOLD, using black or blue pen.

Please affix latest Passport Size photograph in colour STUDENT	Please paste Do not					paste photograp o not staple.	h.	Please affix latest Passport Size photograph in colour FATHER
							_	
GENERAL INFORMA	ATION		Signature of	f Mother				Signature of Father
I/We are considering e	nrolment in Grade	/ Class		with effe	ct from		month/ y	ear.
Have you ever applied	for admission at ar	ny G.D. Goenka Sc	hools earlier	Yes	No			
If YES, when? Academi	c year	for which Class						
PERSONAL DATA O	F STUDENT							
Surname		First Name			Midd	lle Name		
Date of Birth DD/M	M/YYYY Age a	s on 1st April, 20_	: Years		N	Nonths		Days
Sex : Female Mal	le Nationalit	y	Mother To	ngue		Languages spok	en at hom	e
Permanent Address							Ci	ty
Pin Code	Country		Mob#			Home Tel	e#	
Mailing Address if diffe	erent							
Pin Code	Count	ry	Email	address				
HEALTH INFORMAT	TION							
Allergy/ Chronic ailment if any Physical handicap/ disability if any								
Blood Group	Any other hea	lth problem						
Educational Background								
Name(s) of previous and present Schools(s) attended								
City/State	Country	From		То	Reason f	or leaving		
						No		
If YES, Please give deta	ailS:							

PARENTS'/GUARDIANS INFORMATION

Father's/Guardian's Name	Date of birth Nationali	Education/University
Mother's Name	Date of birth Nationali	Education/University
Relationship with Child in case of Guardian	Are parents living together Yes	No

Profession/Occupation

Father's/Guardian's Profession/Occupation			Annual Gross income
Off.Address			
Off.Tele.#	Mob #	E-mail	
Mother's/Guardian's Profession/Occupation			Annual Gross income
Off.Address			
Off.Tele.#	Mob #	E-mail	

OTHER RELATIVES INFORMATION

Real Brother; Sister 1. Name		Age	School attending/attended	
Real Brother; Sister 2. Name		Age	School attending/attended	
Relatives who are studying/have studied in the G. D. Goenka Schools				
Name	Class	ear of Joining	Relationship	

$\hbox{\bf References} \ \ \hbox{\bf Details} \ \ \hbox{\bf of persons} \ \ \hbox{\bf who can vouch for you} \ \ \hbox{\bf {\it not}} \ \ \hbox{\bf {\it related}} \ \ \hbox{\bf you}$

1. Name	Designation		Telephone
Address		City/ State	Pin Code
2. Name	Designation		Telephone
Address		City/ State	Pin Code

TRANSPORT

Name	
Class	

No.	

Please attach the following documents with this form:

- 1. Attested copy of birth certificate.
- 2. For Class II and above, previous 3 years report cards.
- For Class II and above, Transfer Certificate to be produced at the time of admission.
 In case of Inter state students, the Transfer Certificate should be counter signed by the education officer.
- 4. Visiting/Business cards of parents.
- 5. Passport size photographs (1 each of student and both parents/guardian).

DECLARATION / UNDERTAKING

This form is intended to furnish information about the student and his/her family, without obligation on either side.

I/We understand that:

If we wish to proceed further all entries in the Application Form must be completed. $\,$

I/We certify that the information furnished in this form is true to the best of my / our knowledge and belief.

Signature of Mother		Signature of Father / Guardian
Date		
Place		

For Office Use Only

Date of enquiry:	
Remarks	



Behind Karkardooma Metro Station Karkardooma, Delhi - 110092

Phone: 011 - 64784444 - 45

E-mail: info@gdgoenkakarkardooma.com Web.: www.gdgoenkakarkardooma.com