SKEI Smt.Kamalabai Educational Institution
AFFILIATED TO CBSE NEW DELHI CODE.830360

REGISTRATION FORM

Academic Year 2018-19 **Form No. _____ Registration No. _____**

Admission sought for Grade _____ **Department _____**

Details of the Student

Name _____
(BLOCK LETTERS) FIRST NAME MIDDLE NAME LAST NAME

DATE OF BIRTH **GENDER**
DD/MM/YYYY | | | | | | | | | Male ☐ Female ☐

Nationality _____ **Religion** _____

Address _____

_____

Name of the School last studied in _____

Details of Parents

Name _____

Address _____

_____

Tel No.(Office) _____ Tel. No.(Res.)_____ Mobile No. _____

Email Id _____

Details of Siblings in SKEI(if any)

Do you have a son/daughter attending/attended SKEI _____
If Yes, Please give details:

	NAME	GRADE	YEAR
1.	_____	_____	_____
2.	_____	_____	_____

Documents Required :

1) Copy of Date of Birth Certificate
2) Copy of Passport(for foreign nationals only)
3) School Performance Report

For Official Use Only

Receipt No._____ Amount Paid _____ Date _____

Date of Admission Interaction/Test _____

_____
Authorised Signatory