

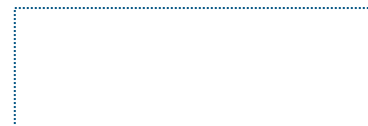


Registration Card

2020-21

Instructions:

1. Please fill in the form in Capital (/BLOCK) letters.
2. Tick the appropriate option where check-boxes are provided.
3. Numbers marked in grey show the points for each question.
4. All fields are mandatory.
5. Incomplete/ incorrect forms will not be accepted.
6. Fields marked with an asterix (*) require additional documents to be enclosed as proof (e.g. date of birth, residential address etc.)
7. This form is for registration purposes only and does not guarantee admission of your ward in the school.



Description	Date
Last date for submission of completed registration card	December 27, 2019
Display of first list of selected candidates and waiting list	January 24, 2020
Last date for deposit of fees	January 31, 2020
Display of second list of selected candidates and waiting list	February 12, 2020

Student Information

Name of Child:		
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Class in which Admission Sought: KG-I <input type="checkbox"/> KG-II <input type="checkbox"/>
* Aadhaar Card Number		
* Date of Birth: (dd/mm/yyyy)		
Present/ Previous School:		
Sikh: Yes <input type="checkbox"/>	No <input type="checkbox"/>	20
Any siblings studying in SSMS? :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		10
	If Yes: Name	Class & Section

Parent Information

Fathers Name:	
* Residential Address:	
	Pin Code:
Home Telephone No:	Mobile No.:

* Distance from School (tick appropriate box)	0-6 Km	<input type="checkbox"/>	6-8 km	<input type="checkbox"/>	50
Occupation: (include name of organization/ business)					
Designation:					
Office Address:					
Email ID:					
Office Phone Number:					

Mothers Name:	
Home Telephone No:	Mobile No.:
Occupation: (include name of organization/ business)	
Designation:	
Office Address:	
Email ID:	
Office Phone Number:	

Other Information

Has any parent studied in SSMS (Alumni) ? : Yes <input type="checkbox"/> No <input type="checkbox"/>	10
If Yes:	
Parent Name	Year of passing out

I hereby declare that the above information provided by me is true and correct. I understand that if any information above is found incorrect, action may be taken against me including (and not limited to) expulsion of my ward/ denial of admission.

Signature

Place:

Date:

Parent/ Legal Guardian

Affix Passport Size Photograph
of Child

Affix Passport Size Photograph
of Father

Affix Passport Size Photograph
of Mother