



# QUEEN MARY'S SCHOOL, NORTHEEND

[A minority institution run by the Helen Jerwood Memorial Education Society of the Diocese of Delhi, Church of North India]  
Plot No. 4-A, Model Town-III, Delhi-110009, Ph # 9711365678 & 7838305384, Email: [info@qmsmodeltown.in](mailto:info@qmsmodeltown.in)

(Recognized by The Directorate of Education, Delhi & Affiliated to C.B.S.E.)

Form. No. \_\_\_\_\_ Regn. No. \_\_\_\_\_

Registration for admission in Class: \_\_\_\_\_  
For Session 2026-27

Parent's Photograph  
with the Child

Latest  
photograph of  
the applicant

Principal's Sign \_\_\_\_\_

(To be filled by the office)

Adm. No. \_\_\_\_\_ Admitted in Class \_\_\_\_\_ Sec. \_\_\_\_\_ Date of Admission \_\_\_\_\_

## STUDENT'S INFORMATION

1. First Name \_\_\_\_\_  
(In block letters)
2. Middle Name \_\_\_\_\_
3. Last Name \_\_\_\_\_
4. Date of Birth (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Nationality \_\_\_\_\_
6. Religion \_\_\_\_\_
7. Category: SC/ST/OBC/GEN \_\_\_\_\_
8. Mother tongue \_\_\_\_\_
9. Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_
10. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_
11. Transport: School ☐ Self ☐
12. Name of Local Guardian (if any) \_\_\_\_\_ (i) Relation with the child \_\_\_\_\_  
(ii) Address \_\_\_\_\_  
(iii) Mobile No. \_\_\_\_\_ (iv) E-mail Id \_\_\_\_\_
13. Name of the Person authorized by the parents to pick up the ward from the school  
(i) \_\_\_\_\_  
(ii) Relation of the person with child \_\_\_\_\_ (iii) Mobile No. \_\_\_\_\_
14. Real Sister Studying in this school. (If yes Adm. No.) \_\_\_\_\_ Class \_\_\_\_\_ Sec. \_\_\_\_\_
15. Aadhar Card No. (Optional) of the Child \_\_\_\_\_

P.T.O.

Name of the institution	Year of study	Class	Grade in Annual Exam	Other Activity, if any
1. _____	_____	_____	_____	_____
2. Transfer Certificate No. _____		Date _____	Issued from _____	
PEN No. _____		Student's APAAR ID _____		

16. **Father's Name** \_\_\_\_\_

17. Qualification \_\_\_\_\_ Mobile No. \_\_\_\_\_

18. Occupation: Business ☐ Govt. Service ☐ Private Service ☐ 19. Annual Income:

**(Optional)**

Specify Business: \_\_\_\_\_ Designation: \_\_\_\_\_

20. Office Address

Mobile No.	E-mail Id
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21. **Mother's Name**

22. Qualification \_\_\_\_\_ Mobile No. \_\_\_\_\_

23. Occupation: Business ☐ Govt. Service ☐ Private Service ☐ 24. Annual Income:

**(Optional)**

Specify Business: \_\_\_\_\_ Designation: \_\_\_\_\_

25. Office Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-mail Id \_\_\_\_\_

I/ We hereby declare that the information given in this registration form is true and correct to the best of my/ our knowledge. Any information given above if found false/ incorrect then candidature of my ward for admission will be cancelled. I/ We affirm that I/ We will abide by the rules and regulations of the school.

Date ..... Signature of the Parent /Guardian

Principal's Remarks

Signature of the Principal



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## Form No. \_\_\_\_\_

Registration No.

1. Name of the child

## 2. Registered for Class