



# SALWAN PUBLIC SCHOOL

Sector C-7, Trans Delhi Signature City (Tronica City),  
Ghaziabad U.P.-201103. Call: +91 – 8826194354, 9971909310, 0120-2696906, 2696907  
Website: <https://salwanpublicschooltdsc.edu.in> Email: [spssignaturecity@salwanschools.com](mailto:spssignaturecity@salwanschools.com)

## **REGISTRATION FORM: SESSION 2026 – 2027**

### **GENERAL INSTRUCTIONS:**

- Registration form should be filled by the Parents in their own handwriting.
- Incomplete form will not be accepted.
- Submission of form does not mean grant of admission.
- Self-attested photocopies of supporting documents must be attached with the form.
- **Original documents are to be produced at the time of verification.**

**(All details to be filled in CAPITAL LETTERS)**

Please affix latest Passport size photograph in colour <b>CHILD</b>	Please affix latest Passport size photograph in colour <b>FATHER</b>	Please affix latest Passport size photograph in colour <b>MOTHER</b>
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**Registration for admission to class \_\_\_\_\_ for the Academic Session 2026-27**

**AGE CRITERIA:** Nursery 3 years (between 01.04.2022 to 31.03.2023)

LKG 4 years (between 01.04.2021 to 31.03.2022)

UKG 5 years (between 01.04.2020 to 31.03.2021)

Class I 6 years (between 01.04.2019 to 31.03.2020)

### **Particulars of the child:**

- Name of the Child: \_\_\_\_\_ Gender: Male ☐ Female: ☐
- Date of Birth (in figure) 

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 in words: \_\_\_\_\_
- Age as on 31<sup>st</sup> March 2026: Years  Months  Days
- Blood Group:  Aadhar No.: \_\_\_\_\_
- Residential Address: \_\_\_\_\_  
\_\_\_\_\_
- Nationality: \_\_\_\_\_
- Members in family: \_\_\_\_\_

**8. PARENT INFORMATION:**

Details	Father	Mother
Name		
Educational Qualifications		
Telephone No. (Residence)		
Mobile Number		
E-mail Address		
Emergency Contact No.		
Occupation / Profession (If in business please specify the type of business)		
Designation		
Office Name & Address		
Telephone No. (Office)		
Annual Income		
Languages Known • Spoken • Written		

Reference for Admission	Name of the Person	Contact Details

9. Are you Income Tax payer? Yes ☐ No ☐

10. In case both the parents are working, what is the support system at home? \_\_\_\_\_

11. Has your child been enrolled in any School/Pre-school in the previous academic year?  
If yes, mention the name of the school and the class in which he/she was enrolled: \_\_\_\_\_

12. Specify the category you belong to (Please tick): SC ☐ ST ☐ OBC ☐ GEN ☐  
Attach certificate in support (if you belong to a category other than General)

13. Please indicate (✓) if you require a transport facility (chargeable) for your child: Yes ☐ No ☐

**14. Information about the Sibling(s):**

Details	Sibling
Name	
Age	
Gender	
Present School	
Present Class	
Have you applied for Sibling's admission?	Yes <input type="checkbox"/> No <input type="checkbox"/>

15. What are your expectations from the school?

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16. Please share something special about your child.

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17. Please share your achievement at International / National / State level in the field of Academics / Sports / Co-curricular, Dance, Theatre, etc, if any \_\_\_\_\_

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18. How can you collaborate with school for the betterment of your child and the school?

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19. How did you come to know about Salwan Public School, TDSC (Ghaziabad)?

- (a) Newspaper (b) Online Search (c) Social Network (d) Hoardings (e) Word of Mouth  
(f) Alumni/Students (g) School Staff (h) Neighbours (i) Others (Please Specify) \_\_\_\_\_

**20. Registration Form Checklist:** The registration form should be duly filled and submitted along with the **self-attested photocopies** of the following documents to the school office.

<ul style="list-style-type: none"><li>✓ <b>Three passport size coloured photograph of the child &amp; each parent.</b></li><li>✓ <b>Copy of Birth Certificate issued by the Municipal Council/Municipal Corporation.</b></li><li>✓ <b>Residence Proof.</b></li><li>✓ <b>Aadhar Card of Parents &amp; Child.</b></li><li>✓ <b>Immunization Card from Registered Medical Practitioner.</b></li><li>✓ <b>SC/ST/OBC Certificate (if applicable).</b></li><li>✓ <b>Report Card of last examination passed (if applicable).</b></li><li>✓ <b>Transfer Certificate (For classes II-XI)</b></li><li>✓ <b>Proof of Organisation, where parent(s) is/are working.</b></li><li>✓ <b>If Parent(s) is/are, alumni of any of the Salwan Schools, please provide related document.</b></li><li>✓ <b>Degree/Certificate of highest qualification.</b></li></ul>
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**Undertaking from the parent**

- a) I hereby certify that the information filled in the Registration Form is correct to the best of my knowledge and belief. I understand that if any part of it is found to be incorrect, this application will be rejected without any further correspondence in this regard.
- b) I fully understand that the school, on accepting the registration form of my child, is not bound to grant admission.
- c) I agree that failure to submit the required documents within 15 days of admission shall result in automatic cancellation of the admission and the admission fees paid shall not be refunded under any circumstances.
- d) I agree that the decision of the school administration regarding grant of admission will be final and binding on me. I accept the process of admission being followed by the school and will abide by the decision taken by the school authorities.
- e) I understand that the school transport will be provided on specified routes/stops only and on payment.
- f) I acknowledge that the registration fee (Rs. 25/-) is non-refundable.
- g) I agree to follow and ensure that my child abides by all the rules, regulations and procedures laid down by the school from time-to-time.
- h) I understand that the school is accepting the application form without prejudice to its rights and in this regard also, I shall accept the decision of the school.
- i) I have seen and understood the tentative fee structure of the school. I accept to pay the same including the fee hike, (if any), announced by School Managing Committee, from time to time.

Please register my child for admission in your school.

Name of Mother: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Signature of Father: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Please log on to our website: <https://salwanpublicschooltdsc.edu.in> for admission related updates.

<b>FOR OFFICE USE ONLY</b>	
Received By: _____	Date: _____
Date of Interaction: _____	
Office: _____	Signature: _____