



नई दिल्ली नगर पालिका परिषद् (शिक्षा विभाग)  
(स्कूल में दाखिले के लिए आवेदनपत्र)

नई दिल्ली नगर पालिका परिषद् के विद्यालयों में सत्र 2023-2024 के लिए प्री-स्कूल से कक्षा ८ के प्रवेश के लिए आवेदन पत्र  
NEW DELHI MUNICIPAL COUNCIL (EDUCATION DEPARTMENT)

(Application for Admission in School)  
FORM FOR ADMISSION IN ATAL ADARSH VIDYALAYAS FOR NURSERY TO CLASS-VIII FOR THE SESSION 2023-2024  
(THE FORM IS TO BE FILLED IN CAPITAL LETTERS)

1. दाखिले के लिए चुने गए विद्यालय/विद्यालयों का नाम:  
SCHOOL/SCHOOLS SELECTED FOR ADMISSION:.....  
(List of the Schools will be displayed alongwith name of the school, classes available will be displayed)
2. कक्षा जिसमें प्रवेश के लिए आवेदन किया है:  
CLASS (FOR WHICH ADMISSION IS APPLIED FOR THE SESSION 2018-2019 (PRE SCHOOL/PRE-PRIMARY/I/II/III/IV/V/VI/VII/VIII)
3. छात्र/छात्रा का नाम  
NAME OF THE STUDENT:  
FIRST NAME.....MIDDLE NAME.....LAST  
NAME/SURNAME.....
4. लिंग (पुरुष/महिला/अन्य)  
GENDER:..... (MALE/FEMALE/OTHER)
5. नागरिकता..... (भारतीय/अन्य)  
NATIONALITY..... (INDIAN/OTHERS). IF OTHERS STATE THE  
SAME.....
6. जन्म स्थान..... (i) राज्य..... (ii) जिला.....  
PLACE OF BIRTH..... (i) STATE..... (ii)  
DISTRICT.....
7. जन्मतिथि: तारीख..... महीना..... वर्ष.....  
शब्दों में.....  
DATE OF BIRTH: DATE.....MONTH.....YEAR.....  
(IN WORDS..... (TO BE GENERATED BY COMPUTER)  
(Selection of date from 1 to 31; Month from Jan to Dec or 01 to 12; Year from-----to-----  
----(Age calculator)
8. श्रेणी.....  
CATEGORY:.....  
Option from (SC/ST/OBC/GEN)
9. क्या शारीरिक रूप से विकलांग हैं .... (हाँ/नहीं) ..... यदि हाँ तो श्रेणी.....  
WHETHER PHYSICALLY HANDICAPPED.... (YES/NO)..... IF YES CATEGORY..... (OH/VISUALLY  
IMPAIRED/HEARIG IMPAIRED/OTHERS)
10. धर्म..... (हिन्दू/मुस्लिम/सिख/ईसाई/अन्य)  
RELIGION..... (HINDU/MUSLIM/SIKH/CHRISTIAN/OTHERS)
11. छात्र/छात्रा का आधार संख्या (यदि है तो) :  
AADHAR NO. OF STUDENT (OPTIONAL).....
12. महत्वपूर्ण सूचना भेजने के लिए ई-मेल/मोबाइल नंबर:  
E-MAIL ADDRESS/MOBILE NUMBER FOR SENDING IMPORTANT INFORMATION THROUGH SMS/E-MAIL:  
EMAIL ADDRESS.....MIBILE  
NO.....
13. माता का  
नाम..... मोबाइल..... व्यवसाय.....  
.....  
MOTHER'S NAME.....MOBILE  
NO.....OCCUPATION.....
14. पिता का  
नाम..... मोबाइल..... व्यवसाय.....  
.....  
FATHER'S NAME.....MOBILENO.....  
.....OCCUPATION.....  
.....

'OR'

संरक्षक का नाम.....

X-17011/94/2021-NSES

4470/2023/NSES

GUARDIAN'S NAME.....MOBILE  
NO.....OCCUPATION.....

15. वार्षिक आय (सभी स्रोतों से):  
ANNUAL INCOME OF FAMILY (FROM ALL SOURCES):.....

16. आवासीय पता/पत्राचार के लिए पता:  
RESIDENTIAL ADDRESS/ADDRESS FOR  
COMMUNICATION.....

17. स्थायी पता :

PERMANENT  
ADDRESS.....

18. जन्म प्रमाणपत्र का विवरण (दाखिले के बाद जमा होगा)  
DETAIL OF DATE OF BIRTH CERTIFICATE (TO BE SUBMITTED AT THE SCHOOL AFTER ADMISSION)

BIRTH CERTIFICATE ISSUED BY LOCAL BODY/HOSPITAL/AUXILIARY NURSER AND MIDWIFE (ANM) REGISTER  
RECORD/ANGANWADI RECORD/DECLARATION OF THE AGE OF THE CHILD BY THE PARENT OR GUARDIAN

19. Declaration: The above information are correct to my knowledge and belief. If any of the  
information is found to be false, I shall be held responsible and my application may be rejected.

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

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

(Name of the Father/Mother/guardian of the student)