



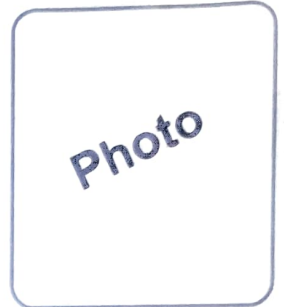
# Woolar Public School

Gali No.2, Village Wazirabad, Delhi-110084

Contact No. 9311141827, 9310770587, 9560742582

143

## Application



1. Student's Name : .....
2. Date of Admission : .....
3. Admission in Class : .....
4. Gender :                      Boy :                       Girl :
5. Date of Birth : DD  MM  YYYY
6. Father's / Guardian Name : .....
7. Father's Occupation : .....
8. Mother's Name : .....
9. Mother's Occupation : .....
10. Residential Address : .....
- 11 Contact No. ....
12. Sibling Name ( Real Brother / Sister Studying in the school only ): .....

### CERTIFICATE FORM FOR THE PARENTS

I/We Hereby certify that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false, the ward shall be debarred from Selection / Admission process without any correspondence in this regard.

Mother's Name .....                      Mother's Signature .....

Father's Name .....                      Father's Signature .....

### FOR OFFICE USE ONLY

I : Name of the Applicant .....  
 II : Enrollment Number .....

Authorised Signature & Stamp