



H.C. AUXILIUM SCHOOL - NEW DELHI

ADMISSION FOR PRE-PRIMARY 2025-2026

APPLICATION FORM

Family Photograph
(Father, Mother & child/children
together in one photo)

(Paste)

**Passport Size Photo
of the Candidate**

(Paste)

FOR OFFICE USE ONLY

**Registration No.
Pre-Primary 2025-26**

(Fill the following in BLOCK letters)

1. Name of the Candidate:

(First Name) (Middle name) (Last name)

2. Date of Birth:

(Boys/ Girls born on or before
31-03-2022 are eligible)

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YEAR

3. Date of Birth in words:

4. Gender: **5. Category (SC/ST/OBC)**

6. Religion:

6(a) If Christian, specify the Denomination:

7. Mother Tongue: **8. Nationality:**

9. Blood Group: **10. Aadhar No:**

10. Locality:

11. Residence Address:

.....**Pin Code**.....

12. Mobile No. For SMS Correspondence:

13. Father's Name:

Qualification:

Organization: **Designation**

Organization Address:

Mobile No. **Email Address**.....

14. Mother's Name:

Qualification:

Organization: **Designation**

Organization Address:

Mobile No. **Email Address**.....

15. Is Sibling (Real Sister) studying in H.C. Auxilium (Yes/No)

Name of Sibling (Real Sister) **Cl & Sec**.....**Adm. No.**

16. Is the candidate's mother registered Alumni of H.C. Auxilium Vasant Vihar.

If yes year of passing **Class X****Class XII**.....

HCA Alumni Registration No:

17. Has the applicant got facility of safe transport to school? (Yes/No)

18. Is the job of the parents transferable?

(If Yes, enclose authenticated documents)

19. Any Medical History

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CERTIFICATE

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 automatically debarred from selection /admission process without any correspondence in this regard. I/We also understand that the application / registration / short listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities.

Signature of the Mother

Date:

Signature of the Father

FOR OFFICE USE

Application No. :

Name :

Document submitted

- | | |
|---|---|
| 1. Date of Birth Proof | 2. Residence Address Proof |
| 5. Alumni Proof | 5. Sibling Proof |
| 6. Child , Father's & Mother's Aadhar card | |