



## Guidance on how to complete the Sikh Place of Worship Form

### Section: Please answer the following questions

To be completed in full by the parent/carer applying for their child at the Gurudwara with a priest or secretary (**Authorised Signatory**).

To be completed by the **parent(s)/guardian(s)**:

Name of the child applying at Nishkam Primary School Birmingham	Child's Full Name
Name of parents/guardian(s)	Parent/Guardian's Full Name
Child's Date of Birth (DD/MM/YYYY)	Child's Date of Birth (DD/MM/YYYY)
Parent/Guardian's telephone number or mobile number	Parent/Guardian's Telephone/Mobile Number

### Section: The signatory (priest or secretary) must complete the following

1. The signatory must provide his/her accurate **details**.
2. Each statement needs to be **ticked** yes or no
3. Date and location will need to be completed for initiation (**ONLY if the answer is YES for 2 and/or 3**)
4. The form will need to be **signed** and **stamped** by the signatory (priest and secretary) from your Place of Worship

Without this information the Place of Worship Form will be rejected.

### CORRECT

To be completed by the **authorised signatory** at the Gurudwara:

Name of the Authorised Signatory completing this form	Name of signatory at the Gurudwara
Position of the Authorised Signatory at the Gurudwara	Position of signatory at the Gurudwara
Name and Full Address of the Gurudwara	Name of Gurudwara Full address of Gurudwara
Telephone Number of the Gurudwara/Signatory	Telephone Number of Gurudwara or Signatory

1	I confirm that the child and the parent/guardian(s) named above are known to me. (Tick Yes or No)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
2	I confirm that the child named above was initiated as a Khalsa with Khanda-di-Pahul during Amrit Sanchar initiation. (Tick Yes or No)  If your answer is Yes please provide the details in the last column	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Gurudwara where initiation took place: Name of Gurudwara  Address of the Gurudwara: Address of Gurudwara  Date of initiation: Date of Initiation
3	I confirm that the parent/guardian(s) was/were initiated as a Khalsa with Khanda-di-Pahul during Amrit Sanchar initiation. (Tick Yes or No)  If your answer is Yes please provide the details in the last column	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Gurudwara where initiation took place: Name of Gurudwara  Address of the Gurudwara: Address of Gurudwara  Date of initiation: Date of Initiation
4	I confirm that the child named above is Keshadhari (has uncut hair). (Tick Yes or No)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Signature of the Authorised Signatory at the Gurudwara (Please provide full name): Signature of Authorised Signatory		Date: Date of form completion (DD/MM/YYYY)		
Please provide the most updated stamp from the Gurudwara below: Stamp from Gurudwara				

**Once the form is completed, please upload to the below link.**

**Please also answer all the questions asked on the below link.**

<https://www.nishkamschooltrust.org/npsb/npsb/admissions/how-to-apply/sif-form-and-other-documents>