

To be completed by authorised signatory at the Gurudwara

Please answer the following questions:

Name of the Authorised Signatory completing this form				
Position of the Authorised Signatory at the Gurudwara				
Na	me and Full Address of the Gurudwara			
Telephone Number of the Gurudwara/Signatory				
Name of the child applying at Nishkam School West London				
Name of parents/guardian(s)				
The signatory named above must answer the following:				
I	I confirm that the child and the parent/guardian(s) named above are known to me. (Tick Yes or No)	□Yes	□No	
2	I confirm that the child named above was initiated as a Khalsa with <i>Khanda-di-Pahul</i> during <i>Amrit Sanchar</i> initiation. (Tick Yes or <i>No</i>)	□Yes	□No	Gurudwara where initiation took place:
	If your answer is Yes please provide the details in the last column			Address of the Gurudwara:
				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)	□Yes	□No	Gurudwara where initiation took place:
	If your answer is Yes please provide the details in the last column			Address of the Gurudwara:
				Date of initiation:
4	I confirm that the child named above is Keshadhari (has uncut hair). (Tick Yes or No)	□Yes	□No	Date of initiation.
Signature of the Authorised Signatory at the Gurudwara (Please provide full name):			Date:	
Please provide the most updated stamp from the Gurudwara below:				

Once this form is completed, please upload it to:

 $\textbf{For Primary:} \ \underline{\text{https://www.nishkamschooltrust.org/nswl/admissions/how-to-apply/primary-in-year-place-of-worship-forms}$

For Secondary: https://www.nishkamschooltrust.org/nswl/nswl/admissions/how-to-apply/secondary