



URDU DEVELOPMENT SOCIETY (S'PORE)

Mailing Address: Block 116 Lengkong Tiga #07-189 Singapore 410116

Tel: 6338 2710 E-mail: udssg@udss.org.sg Website: www.udss.org.sg

STUDENT REGISTRATION AND MEMBERSHIP FORM

Note: Please fill the form in **BLOCK** letters and tick (✓) where applicable.

STUDENT'S PARTICULARS

STUDENT NAME (as in Birth Certificate): _____

NRIC/ BC/ DP #: _____ DATE OF BIRTH: _____ / _____ / _____

GENDER: Male Female NATIONALITY: _____ (dd) (mm) (yyyy)

RESIDENTIAL STATUS: Singapore Citizen Singapore PR Student Pass Dependent Pass

STUDENT'S URDU DETAILS

REGISTERED WITH MOE FOR URDU AS SECOND LANGUAGE: Yes Pending N/A No

STUDENT'S RESULTS TO BE SENT TO ENGLISH SCHOOL: Yes N/A No

SPEAKING: None Poor Average Good

KNOWLEDGE OF URDU LANGUAGE: WRITING: None Poor Average Good

READING: None Poor Average Good

STUDENT'S MAINSTREAM SCHOOL DETAILS

SCHOOL NAME: _____

SCHOOL CLASS: _____

SCHOOL STREAM (for secondary students only): Normal Academic Normal Technical Express

PARENT PARTICULARS

FATHER'S NAME: _____

MOTHER'S NAME: _____

GUARDIAN'S NAME (if applicable): _____

PARENT CONTACT DETAILS

TELEPHONE: (Home) _____ (Mother's Mobile) _____ (Father's Mobile) _____

EMAIL: _____

BLOCK/ HOUSE #: _____ LEVEL/ UNIT#: _____

STREET NAME: _____

BUILDING NAME: _____ POSTAL CODE: _____
(for private housing only)

Name of Parent/ Guardian

Signature of Parent/ Guardian

Date



URDU DEVELOPMENT SOCIETY (S'PORE)

Mailing Address: Block 116 Lengkong Tiga #07-189 Singapore 410116

Tel: 6338 2710 E-mail: udssg@udss.org.sg Website: www.udss.org.sg

FOR OFFICIAL USE ONLY

Registration Fee: Official Receipt #: _____ S\$: _____ Date: _____

School Fee: Official Receipt #: _____ S\$: _____ Date: _____

Month(s) Paid For: _____ Class: _____

Books Payment: Official Receipt #: _____ S\$: _____ Date: _____

GIRO Form Issued Date: _____ GIRO Form Returned Date: _____

Copy of MOE Approval Letter: Submitted Pending MOE Approval Pending to UDSS N/A

Copy of Birth certificate: Submitted Pending

Name of Registration officer: _____ Signature: _____