

DPS SCHOOL BHIND

APPLICATION FORM FOR REGISTRATION

Reg. No. _____

Code. _____

CLASS APPLIED FOR _____ APPLI.No. _____ APPLI. DATE _____

1. NAME OF THE STUDENT _____

2. DATE OF BIRTH _____ M/F/O 3. CATEGORY GEN OBC SC ST

4. DOB IN WORDS _____

5. CASTE CERTIFICATE NO./DATE _____

AFFIX THE
PASSPORT
PHOTOGRAPH

6. NATIONALITY Indian Other 7. RELIGION Hindu Muslim Jain Christian Other

8. STUDENT: SSSM ID NO.: _____ FAMILY ID _____ ADHAR CARD NO. _____

9. FATHER'S NAME _____

QUALIFICATION _____ PROFESSION/OCCUPATION _____

DETAILS OF PROFESSION/OCCUPATION _____

DATE OF BIRTH _____ ANNUAL INCOME _____

CONTACT NUMBER _____ EMAIL ID _____

AFFIX THE
PASSPORT
PHOTOGRAPH

10. MOTHER'S NAME _____

QUALIFICATION _____ PROFESSION/OCCUPATION _____

DETAILS OF PROFESSION/OCCUPATION _____

DATE OF BIRTH _____ ANNUAL INCOME _____

CONTACT NUMBER _____ EMAIL ID _____

AFFIX THE
PASSPORT
PHOTOGRAPH

11. ADDRESS _____

12. NAME OF PREVIOUS SCHOOL _____ CLASS _____ RESULT Pass Fail

13. DATE OF MARRIAGE ANNIVERSARY _____

14. IS CHILD PHYSICALLY CHALLENGED OF SUFFERING FROM ANY MAJOR ILLNESS?

IF SO, MENTION THE TYPE OF DISABILITY/ILLNESS

15. WHAT ARE YOUR CHILD'S SPECIAL SKILLS AND INTEREST? MENTION ACHIEVEMENT

IF ANY?

16. WHAT EXPECTATION DO YOU HAVE FROM SCHOOL

17. (a) DETAILS OF SIBLING: BROTHER SISTER

NAME OF THE SCHOOL

CLASS

(b) DETAILS OF SIBLING: BROTHER SISTER

NAME OF THE SCHOOL

CLASS

(c) DETAILS OF SIBLING: BROTHER SISTER

NAME OF THE SCHOOL

CLASS

UNDERTAKING

I/WE HEREBY DECLARE THAT THE INFORMATION FILLED IN THIS APPLICATION FORM IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. FURTHER, I/WE FULLY UNDERSTAND THAT IF ANY INFORMATION IS FOUND TO BE INCORRECT THE ADMISSION OF MY/OUR WARD MAY STAND CANCELLED. IF MY WARD IS SELECTED FOR ADMISSION, I/WE HEREBY AGREE AND GIVE CONSENT TO ABIDE BY THE RULES AND REGULATIONS FOR SCHOOL AS APPLICABLE NOW AND AS AMEND FROM TIME TO TIME.

I/WE UNDERTAKE TO PAY THE SCHOOL FEES IN THREE INSTALMENTS ACCORDING TO THE FEES SCHEDULE. IF I WILL BE FALSE TO PROVE THE SAID STATEMENT; PENALTY WILL BE IMPOSED MONTHLY AND PAYABLE BY ME. IF, I/WE DROP THE CHILD BY MYSELF/OURSELF, THEN IT WILL BE MY/OUR RESPONSIBILITY TO DROP AND RECEIVE MY/OUR CHILD ON TIME.

RECOMMENDATION OF ADMISSION FEES BY EXECUTIVE:

FATHER'S NAME

MOTHER'S NAME

SIGNATURE

SIGNATURE

FOR OFFICE USE ONLY

ADMISSION ORDER BY THE PRINCIPAL

ADMITTED

NOT ADMITTED

CLASS

JOINING DATE

SIGNATURE OF PRINCIPAL

SIGNATURE OF OFFICE INCHARGE

ENCLOSURES TO BE SUBMITTED ALONG WITH THE APPLICATION FORM

1. ATTESTED PHOTOCOPY OF BIRTH CERTIFICATE OF THE CHILD.
2. ORIGINAL SCHOOL LEAVING CERTIFICATE. (TRANSFER CERTIFICATE)
3. PHOTOCOPY OF PREVIOUS YEAR MARKSHEET.
4. PHOTOCOPY OF CASTE CERTIFICATE. (In case of SC, ST, OBC)
5. PHOTOCOPY OF AADHAR CARD OF THE CHILD AND EACH PARENT.
6. PHOTOCOPY OF RATION CARD & SSSM ID.
7. TWO RECENT PASSPORT SIZED PHOTOGRAPH OF THE CHILD.