

DELHI PUBLIC SCHOOL, ALWAR

C.B.S.E. Affl. No.1730443

Admission Form

S. Register No. Date

I the Father / Mother (Name) request
you to admit my son/ daughter/ward in your school.

1. Admission sought to : Class Faculty :
2. Student's Name :
Sur Name First Name
3. Date of Birth : 4. Sex: Male Female
(in figures) D D M M Y Y Y Y
(in words)
5. Age as on 1st April: Years Months Days 6. Nationality

Parents Information

7. Father's Name Occupation
Designation Qualification Annual Income (Rs.)
Office Address
Mobile No. Phone (R) Phone (O)
8. Mother's Name Occupation
Designation Qualification Annual Income (Rs.)
Mobile No. STD Code Phone (O)
9. Local Guardian's Name
Relation with student
10. Present Address:

 Contact No.
11. Permanent Address:

 Contact No.

12. Last School attended by the Student
Class City

13. Details of any real brother or sister studying in DPS :

Name of Student	Class
1.
2.

Health Information

Allergy if any Blood Group
Any other problem regarding health

Undertaking

- (1) We parents of class hereby Certify that the above information regarding the student is true to our best knowledge.
- (2) That the school dues will be paid in time.
- (3) We shall abide by the rules and regulations of the school.
- (4) The transfer certificate/ D.O.B. will be submitted within 15 days failing which I agree if the admission is cancelled.

Paste recent
Colour
Photograph
of
Father

Paste recent
Colour
Photograph
of
Mother

Date Signature

Signature

Place Date

Place :

Admission Order

The student is granted admission to class provisionally for session

- Enclosed -
- 1. Transfer Certificate of the last School
 - 2. Date of Birth Certificate
 - 3. Report Card of the last School.
 - 4. Medical Fitness
 - 5. Two Passport size photographs for identity card & Medical Card.

Date :

Principal