



Delhi Public School

Kolar Road Bhopal

IN COLLABORATION WITH DELHI PUBLIC SCHOOL SOCIETY, NEW DELHI

Recent coloured passport photograph of the child

CLASS :
SESSION :

REGISTRATION FORM (Non-Transferable)

1. Full name of the student
(in Capital Letters)
2. Date of Birth (in figures)
(in words)
3. Category: General SC ST OBC Gender
4. Name of the school presently studying
Whether affiliated to C.B.S.E/ any other board
5. Medium of instruction
6. Has the student been suspended/expelled from any other school Yes No
7. Parental Information

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">Father</th> </tr> </thead> <tbody> <tr><td style="padding: 2px;">Name</td><td>.....</td></tr> <tr><td style="padding: 2px;">Qualification</td><td>.....</td></tr> <tr><td style="padding: 2px;">Occupation</td><td>.....</td></tr> <tr><td style="padding: 2px;">Name of Organization</td><td>.....</td></tr> <tr><td style="padding: 2px;">Designation</td><td>.....</td></tr> <tr><td style="padding: 2px;">Mobile</td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr> <tr><td style="padding: 2px;">E-mail</td><td>.....</td></tr> <tr><td style="padding: 2px;">Bank Account No.</td><td>.....</td></tr> <tr><td style="padding: 2px;">Bank name & Address</td><td>.....</td></tr> <tr><td style="padding: 2px;"> </td><td>.....</td></tr> <tr><td style="padding: 2px;"> </td><td>.....</td></tr> <tr><td style="padding: 2px;"> </td><td>.....</td></tr> </tbody> </table>	Father	Name	Qualification	Occupation	Name of Organization	Designation	Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E-mail	Bank Account No.	Bank name & Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">Mother</th> </tr> </thead> <tbody> <tr><td style="padding: 2px;">Name</td><td>.....</td></tr> <tr><td style="padding: 2px;">Qualification</td><td>.....</td></tr> <tr><td style="padding: 2px;">Occupation</td><td>.....</td></tr> <tr><td style="padding: 2px;">Name of Organization</td><td>.....</td></tr> <tr><td style="padding: 2px;">Designation</td><td>.....</td></tr> <tr><td style="padding: 2px;">Mobile</td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr> <tr><td style="padding: 2px;">E-mail</td><td>.....</td></tr> <tr><td style="padding: 2px;">Bank Account No.</td><td>.....</td></tr> <tr><td style="padding: 2px;">Bank name & Address</td><td>.....</td></tr> <tr><td style="padding: 2px;"> </td><td>.....</td></tr> <tr><td style="padding: 2px;"> </td><td>.....</td></tr> <tr><td style="padding: 2px;"> </td><td>.....</td></tr> </tbody> </table>	Mother	Name	Qualification	Occupation	Name of Organization	Designation	Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E-mail	Bank Account No.	Bank name & Address
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8. Annual Income

<input type="checkbox"/> Up to 1 Lakh	<input type="checkbox"/> 1 to 3 Lakh	<input type="checkbox"/> 3 to 5 Lakh	<input type="checkbox"/> 5 to 10 lakh
<input type="checkbox"/> More than 10 Lakh			
9. The parents are:

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
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10. Child Lives with:

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
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11. If the child is an adopted child, please tick

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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12. Person responsible for payment of fees:
13. Name, Address & Contact No.:

14. Residential Address
15. Any other information
- i. Staff Child
- ii. Under transfer from
- a) Any other DPS
- b) Any other city (if yes, name of school with city)
- iii. Sibling studying in DPS, Kolar Road Bhopal (If yes, scholar no.)
- iv. Is parent an ex. student of DPS? (If yes, city name):.....Year of passing out

DECLARATION

1. I fully understand that the school, on accepting the registration of my ward, is not in any way bound to grant admission. I also understand that the decision of the Principal regarding admission will be final and binding on me.
2. I fully understand that Delhi Public School, Kolar Road Bhopal has the right to offer admission based on vacancy of seats.
3. I hereby certify that the Date of Birth and spelling of name of my ward given in this form are true and correct and I shall not make any request for change.
4. I undertake that the information / documents submitted in this form are true and correct and not misleading and no relevant information has been concealed. I understand that false or misleading information or withholding correct information may disqualify my ward for admission/education at this school.

I hereby put my signature to confirm the above declaration.

Date _____

Place _____

Signature of Parent/Guardian

Name of Parent

INSTRUCTIONS

1. Registration once completed for a particular year is **Non-Transferable** to any other year or to any other child.
2. Issue of Registration Form does not Guarantee Admission.
3. Please enclose attested photocopy of Municipal Birth Certificate, Aadhar Card of Parent/Guardian and student.
4. Please attach copy of the attested Mark Sheet of previous class examination.
5. Attach copy of certificates for proficiency in Games, Co-curricular / outstanding achievements. (If any)
6. Both the parents must accompany the student when called for an interaction/assessment.
7. Incomplete registration form will not be accepted. It is mandatory to attach all enclosures as stated above.

Admission Office :

DPS Kolar Road Campus, Bairagarh Chichli, Kolar Road, Bhopal Ph: 0755 - 2433900,01

M: 9009966302, E-mail: admission@dpskolar.org, Web: www.dpskolar.org



Delhi Public School

Kolar Road Bhopal

HEALTH CARD

1. Name of the student:.....

2. Class/Section:

3. Date of Birth:

3. Father's Name:

4. Address:

(With Tel. No.)

5. Immunization History

Yes

No

a. B C G:

b. D P T:

c. Oral Polio:

d. D T:

e. Measles/MMR:

f. Tetanus Booster:

(7 - 16 years):

g. Typhoid:

h. Cholera:

i. Meningitis:

j. Any Others:

Note:

1. Vaccines (a) to (f) are compulsory

2. Vaccines (g) to (h) are optional but recommended to be given once a year.

3. Vaccines (i) and (j) are optional, but recommended.

6. Blood Group:

7. History of Past illness:

a) Specific diseases suffered in the past:

b) Operation undergone in the past, if any, specify:

c) Allergies if any:

d) Any other diseases for which the child is on regular medication:.....

e) Any bronchial problem:

8. Is the child fit for swimming & horse riding:

I shall have no objection to the School Medical Officer giving inoculation against Typhoid, A, B & Cholera to my child from year to year.

Signature of Parent

Date:

MEDICAL CERTIFICATE OF FITNESS

(from Registered Doctor)

This is to certify that I, Dr. have examined aged years, S/O or D/O on date

His/ Her visual equity is normal / corrected with glasses, There is no other illness which would render the child unfit to join school. He/She is fit/unfit to join school. The child is fit for swimming & horse riding.

SIGNATURE & SEAL OF DOCTOR

Name:

Reg. No.

Date: