

DELHI PUBLIC SCHOOL, ALWAR

C.B.S.E. Affi. 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 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. Present 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
color
Photograph
of
Father

Paste recent
color
Photograph
of
Mother

Signature

Signature

Date

Place :

Admission Order

The student is granted admission to class provisionally for session

Enclosed - 1 Transfer Certificate of the last school & Aadhar Card.

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