



Delhi Public School Indore

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

	Father		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"/> <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
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, Indore (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 Indore 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 Campus, Nepania, Indore - 452016, (M.P.), Ph : 0731-2444401, 4064403

email : dpsind@dpsindore.org, website : www.dpsindore.org



Delhi Public School Indore

HEALTH CARD

1. Name of the student:.....
 2. Class/Section: 3. Date of Birth:
 4. Father's Name:
 5. Address:
 (With Tel. No.)

6. Immunization History	Yes	No
a. B C G:	<input type="checkbox"/>	<input type="checkbox"/>
b. D P T:	<input type="checkbox"/>	<input type="checkbox"/>
c. Oral Polio:	<input type="checkbox"/>	<input type="checkbox"/>
d. D T:	<input type="checkbox"/>	<input type="checkbox"/>
e. Measles/MMR:	<input type="checkbox"/>	<input type="checkbox"/>
f. Tetanus Booster: (7 - 16 years):	<input type="checkbox"/>	<input type="checkbox"/>
g. Typhoid:	<input type="checkbox"/>	<input type="checkbox"/>
h. Cholera:	<input type="checkbox"/>	<input type="checkbox"/>
i. Meningitis:	<input type="checkbox"/>	<input type="checkbox"/>
j. Any Others:	<input type="checkbox"/>	<input type="checkbox"/>

Note:

- Vaccines (a) to (f) are compulsory
- Vaccines (g) to (h) are optional but recommended to be given once a year.
- Vaccines (i) and (j) are optional, but recommended.

7. Blood Group:
8. History of Past illness:
- Specific diseases suffered in the past:
 - Operation undergone in the past, if any, specify:
 - Allergies if any:
 - Any other diseases for which the child is on regular medication:.....
 - Any bronchial problem:
9. 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: