



DE INDIAN PUBLIC SCHOOL

GIVE WINGS TO YOUR DREAMS

(A Senior Secondary School, Affiliated to CBSE)

Pocket-11, Sector-24, Rohini, Delhi-110085

✉ rohini.dips@yahoo.co.in 🌐 www.dipsrohini.in 📞 Tel.: 011-47586215, 011-27050252/53/54

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APPLICATION FORM FOR REGISTRATION

SESSION: 20 -20

S. No. _____

Instructions to fill the form:

1. Write clearly in BLOCK letters using blue or black ink.
2. Parents should fill the form in their own handwriting.
3. Tick whichever is applicable.

A. CHILD'S DETAILS

- Name of the Child

First Name

Middle Name

Surname

- Date of Birth (in words)

- Date of Birth (in figures)

D	D			M	M			Y	Y	Y	Y				
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- Age as on March 31,

2	0		
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 Years

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 Months

- Class for which admission is sought

- Details of Previous School

Name of the School

Class

Address

- Aadhar Number of the Child

- Nationality Religion Minority Mother Tongue

- Gender: M/F SC/ST/OBC : Yes No EWS/CWSN : Yes No

- If the child has some special needs (CWSN), please give details along with the relevant documents _____

- Medical Information: Blood Group

- Is school transport required: Yes No

- PEN No.: APAAR ID.:

B. PARENT'S DETAILS

FATHER

MOTHER

AFFIX LATEST
PHOTOGRAPH

AFFIX LATEST
PHOTOGRAPH

● Name	<input type="text"/>	<input type="text"/>
● Date of Birth	<input type="text"/>	<input type="text"/>
● Nationality	<input type="text"/>	<input type="text"/>
● Academic Qualification (s)	<input type="text"/>	<input type="text"/>
● School/College/University	<input type="text"/>	<input type="text"/>
● Aadhar Number	<input type="text"/>	<input type="text"/>
● Residential Address	<input type="text"/>	<input type="text"/>
● Contact No.	<input type="text"/>	<input type="text"/>
● Whatsapp Number	<input type="text"/>	<input type="text"/>
● Occupation/Profession (Service/ Business/ Others)	<input type="text"/>	<input type="text"/>
● Designation	<input type="text"/>	<input type="text"/>
● Name of the Organisation	<input type="text"/>	<input type="text"/>
● Annual Income	<input type="text"/>	<input type="text"/>
● Office/Business Address	<input type="text"/>	<input type="text"/>
● Office Phone No.	<input type="text"/>	<input type="text"/>
● E-mail ID	<input type="text"/>	<input type="text"/>

DETAILS OF CONTACT PERSON (GUARDIAN) IN CASE OF EMERGENCY

Name	<input type="text"/>	
Relationship	<input type="text"/>	Phone No. <input type="text"/>

C. ADDITIONAL INFORMATION

- Approximate distance from School to Residence :

0 - 3 kms ☐ 3 - 6 kms ☐ 6 - 9 kms ☐ 9 - 12 kms ☐
12 kms onwards ☐

- Details of Single Parent along with relevant documents (if applicable):

Divorced ☐ Widow ☐ Widower ☐

- Transferable Job : Father - Yes ☐ No ☐ Mother - Yes ☐ No ☐

- Whether Defence/Police Personal : Yes ☐ No ☐

If yes, please give the name of the organisation

- Sibling(s) studying in the School : Yes ☐ No ☐

If yes, name of the child 1. _____ Class & Section _____

2. _____ Class & Section _____

- Areas of interest where parental contribution could enrich the school :

Music/Dance/Drama ☐ Media/PR ☐

Academics ☐ Medical ☐

Sports ☐ Art & Craft ☐

Social Skills ☐ Community Programme ☐

Others (Please specify)

- Any other information you would like to share :

D. CERTIFICATE FROM PARENTS

- I/We hereby certify that all the information given is correct to the best of my/our knowledge. Admission of my child may be cancelled if any information is found to be incorrect/false.
- I/We understand that the submission of Application Form does not guarantee admission. It will depend on the availability of seats, subject to meeting the criteria laid down by the Directorate of Education (DOE) and the School Management.
- I/We certify that the residential address mentioned in the Application Form is the actual residence where we live and has not been mentioned only for the purpose to seek admission by qualifying for the distance criteria.
- I/We promise to show the original documents as and when called for, to authenticate with the xerox copies provided by me/us.
- I/We agree to provide all the undertakings which may be asked by the school.
- I/We indemnify the school authorities from any injury sustained by my ward during the conduct of various activities of the school.
- I/We promise to abide by all the rules and regulations of the school published from time to time.

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Name of Father

Name of Mother

Name of Guardian

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Signature of Father

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Signature of Mother

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Signature of Guardian

Date

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Place

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Srl. No.

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Class for which admission is applied

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Name of the Child

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S/o. D/o

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Attested Photocopies of the following documents to be submitted with the Application Form. Original documents to be produced by the parents at the time of admission for verification.



- 1) Date of Birth Certificate of the Child

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- 2) Aadhar Copies (Parent, Guardian and Child)

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- 3) Proof of Residence (Passport, Voter ID Card, Aadhar Card,

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Current Electricity/Telephone/Water Bill) Registered Rent Agreement (if applicable)
- 4) Proof of Sibling (if applicable): Latest Fee Receipt

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- 5) School Leaving Certificate of the Child (wherever applicable)

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- 6) Single Parent Document (wherever applicable)

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- 7) CWSN Document (wherever applicable)

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- 8) Report card of previous class (wherever applicable)

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For Office Use

Checked and Verified by: Admission Executive / Counsellor

Name

Signature

Date