



## PART D

### Particular of Mother/Female Guardian

Affix latest  
passport size  
coloured  
photograph

1. Name of Mother/Female Guardian :

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Last

2. Educational Qualifications : \_\_\_\_\_

3. Profession : \_\_\_\_\_

4. Designation : \_\_\_\_\_

5. Annual Income : \_\_\_\_\_

6. Permanenet Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

7. Residential Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

8. Email Id : \_\_\_\_\_

9. Are you an Ex-Student of DPS? :  Yes  No

10. If yes, Name of the school : \_\_\_\_\_

11. No. of years in DPS : \_\_\_\_\_

12. Year of leaving DPS : \_\_\_\_\_

13. Details of any brother or sister studying in the same school:

S.No.	Name of the child	Age	Class & Section

14. Area in which you can contribute to the enrichment of the school. (Please put a  against your choice)

Cultural

Academic

Sports

Professional

Medical

Media

## PART E

### Particular of Father/Male Guardian

Affix latest  
passport size  
coloured  
photograph

1. Name of Father/Male Guardian :

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Last

2. Educational Qualifications : \_\_\_\_\_

3. Profession : \_\_\_\_\_

4. Designation : \_\_\_\_\_

5. Annual Income : \_\_\_\_\_

6. Permanenet Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

7. Residential Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

8. Email Id : \_\_\_\_\_

9. Are you an Ex-Student of DPS? :  Yes  No

10. If yes, Name of the school : \_\_\_\_\_

11. No. of years in DPS : \_\_\_\_\_

12. Year of leaving DPS \_\_\_\_\_

13. Details of any brother or sister studying in the same school:

S.No.	Name of the child	Age	Class & Section

14. Area in which you can contribute to the enrichment of the school. (Please put a  against your choice)

Cultural

Academic

Sports

Professional

Medical

Media

## PART F – DECLARATION BY THE PARENTS/GUARDIANS

We hereby certify that the information given in the Admission Form is complete and accurate. We understand and agree that misrepresentation or omission of facts will justify the denial of admission or the cancellation of admission. We have read and do hereby consent to the Terms and Conditions.

Signature of Mother : \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Father : \_\_\_\_\_

Date: \_\_\_\_\_

## PART G

### Check-List

1. Birth Certificate : \_\_\_\_\_

2. A copy of address proof : \_\_\_\_\_

3. Transfer Certificate (Original) : \_\_\_\_\_

4. Medical Form (Original) : \_\_\_\_\_

5. Transportation Form (Original) : \_\_\_\_\_

6. A copy of Immunization Card : \_\_\_\_\_

7. A copy of fee payment receipt : \_\_\_\_\_

## ADMISSION INFORMATION ABOUT STUDENT

Admitted to Class and Section : \_\_\_\_\_

Stream (If any) : \_\_\_\_\_

House allotted : \_\_\_\_\_

Route No. allotted : \_\_\_\_\_

Stop : \_\_\_\_\_

Name of the Accountant/Cashier : \_\_\_\_\_

Accountant/Cashier's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

## FOR APPROVAL

Name of the Principal/Headmistress : \_\_\_\_\_

Principal/Headmistress's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

## FOR INFORMATION ONLY

Name of the Class Representative/Class Teacher : \_\_\_\_\_

Class Representative/Class Teacher's Signature : \_\_\_\_\_

Date : \_\_\_\_\_