



DELHI PUBLIC SCHOOL, GORAKHPUR



Address: PLOT NO. 17, NH 29E, SONAULI ROAD, MANIRAM, GORAKHPUR- 273007

Contact: 8929998774, 8929998775

Email Id: info@dpsgorakhpur.co.in, Website: www.dpsgorakhpur.co.in

Photograph of the student

Photograph of the father

Photograph of the mother

INFORMATION ABOUT STUDENT

Name of the student (In block letter)

First Name _____ Middle Name _____ Last Name _____

Date Of Birth _____ Aadhar No. _____ Gender _____

Admission- Old ☐ New ☐

(a) Age as an 1st April of the Academic Year: Day Month year

(Day)

(Month)

(Year)

(PHOTOCOPY OF BIRTH CERTIFICATE OF M.C.D/T.C. TO BE ENCLOSED)

Father's Name _____

Mother's Name _____

Sibling Status(if _____)

Present Address _____

Nationality _____ Religion _____

Category-Gen. ☐ OBC ☐ SC/ST ☐ Caste Category _____

Contact No. _____ Landline with area _____

E-mail ID _____

Correspondence address _____

PREVIOUS ACADEMIC RECORD

Name of the last attended school with _____

Class/Grade _____ Class Marks Obtained _____

OTHER DETAILS

Father's educational qualification

Father's occupation Aadhar No

Mother's educational qualification

Mother's occupation Aadhar No

FOR TRANSPORT REQUIREMENT

Name of the

Residential address

Contact No.

(Please keep the school informed of the changes in the address and contact Numbers)

From where you go to know about our school?

By word of mouth ☐ Through Newspaper ☐

Our website ☐ Any other source ☐

Why did you choose our School?

DECLARATION OF THE FATHER/MOTHER/GUARDIAN

I Hereby certify that the information given in the registration from by me is accurate and complete. I understand and agree that mis representation or omission of facts will lead to denial and cancellation of admission or expulsion. I have read and hereby agree to the Terms and Conditions enclosed with the registration form

Signature of the Father/Mother/Guardian

Date: ____ / ____ / ____

Note: Colored Photo-3, Aadhar Card Photocopy-2, Marksheet Photocopy-2, Transfer Certificate- Original.



application received for

FOR OFFICE USE ONLY

Application No.

Name of the student

application received for class.

Date

Signature