



# 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 .....

.....

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## 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?

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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 .....