



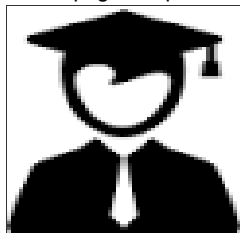
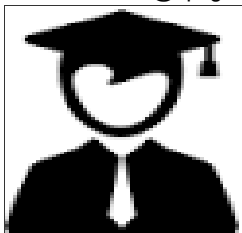
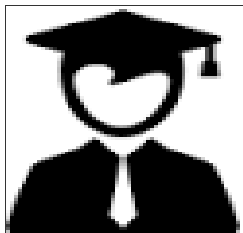
DELHI PUBLIC SCHOOL, GORAKHPUR



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



Registration Form

Registration No. _____ Date of Registration. 20-Aug-2025 Registration Fee Paid Rs. _____

We, _____ and _____

desire to have our son / daughter / ward whose particular are given below admitted as a day scholar in your _____

Information Of Child

First Name _____ Last Name _____

Gender _____ Email _____ Mobile No. _____

Date of _____ Aadhar _____

Religion _____ Cast _____ Class _____

Student Family _____ SRN No. _____

Information Of Parents

Father's Name _____ Qualification _____ Occupation _____

Address _____

Mother's Name _____ Qualification _____ Occupation _____

✂ _____

Acknowledgement

Received the registration form and other supporting documents _____ in respect of _____

for Registration to _____ of the school for the academic
class _____ session _____

Registration Form _____ (Signature)

Received on _____ on Time _____ Date 20-Aug-2025 Authorise Signatory _____