



DELHI PUBLIC SCHOOL KAWARDHA

Rajnandgaon Road, Maharajpur, Kawardha-491995

Email: dpskawardha@gmail.com, Web: www.dpskawardha.org Ph.No.: 80853-27777

Affiliation No. 3330208, School No. 10447

Registration Form

To,

The Principal
Delhi Public School
Kawardha (CG)

Sir,

I am desirous of admitting Son/Daughter/Ward in your School/Hostel. Kindly see the necessary details furnished below:

1. Name of the Pupil: (In Block Letters)

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2. In Hindi _____

3. Date of Birth : _____ **In Word :** _____

4. Caste : _____ **Category (OBC/SC/ST/GEN)** _____ **Blood Group** _____

5. Aadhar No. : _____ **Class** _____

6. Father's Name : (In Block Letters)

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7. Aadhar No. : _____ **Occupation** _____ **M.N.** _____

8. Mother's Name : (In Block Letters)

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9. Aadhar No. : _____ **Occupation** _____

10. Annual Income of Parents _____ **Mob.No.** _____

11. Permanent Address : _____

_____ **Pin No.** _____

12. Present Address: _____

_____ Pin No. _____

13. Class to which admission is sought : _____

14. Name of the School & Class in which reading Previously (T.C. to be attached) : _____

Declaration by Parent/Guardian

1. The information furnished above is True, Complete and Correct (Particularly the Date of Birth) to best of my knowledge.
2. The Rules and Regulation of the School, as amended from time to time will be building on me and on my Child/Ward.
3. I have received the Prospectus and gone through it and being satisfied. I am admitting my Son/Daughter/Ward in the School.

Date : _____

Signature of Father/Mother/Guardian

Documents to be submitted: (Please tick the submitted documents)

- | | | |
|--|---|--|
| 1. Transfer Certificate <input type="checkbox"/> | 2. Marks Statement <input type="checkbox"/> | 3. Four Passport size photos of Child <input type="checkbox"/> |
| 4. Two Passport size photos of Parent <input type="checkbox"/> | 5. Birth Certificate <input type="checkbox"/> | 6. Aadhar Card of Parent and Child <input type="checkbox"/> |
| 7. Medical Certificate <input type="checkbox"/> | 8. Caste Certificate for SC/ST/OBC. <input type="checkbox"/> | |

For Office Use Only

Entitled Number
of Admission Register **DPSK/** _____

Registration Number _____

Date of Admission _____

Registration Date _____

Admitted in Class : _____

Remark:

Clerk In-Charge

Admission In-Charge

PRINCIPAL