

DELHI PUBLIC SCHOOL, Sector 12, R.K.PURAM, NEW DELHI 110022

Transfer/Birth Certificate
Submitted [Yes/No]

No admission will be regularised until Transfer Certificate in Original is submitted. In classes Nur/Prep/1 - Original Birth Certificate issued from Municipal Corporation is mandatory

ENROLMENT FORM

(All the entries should be filled in the
CAPITAL letters only)
PART "A"

Admission Number
(To be filled by the Admission Office Only)

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Registration Number
(To be filled by the Candidate Only)

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FIRST NAME

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MIDDLE NAME

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LAST NAME

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DATE OF BIRTH [DD-MM-YYYY]

D	D	-	M	M	-	Y	Y	Y	Y
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BLOOD GROUP

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DATE OF BIRTH [IN WORDS]

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LAST SCHOOL ATTENDED

AADHAR NO:

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NATIONALITY

RELIGION

GENDER [M/F/T]

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CATEGORY (GEN / SC/ST/OBC/EWG & DG)

SCHOOL TRANSPORT REQD

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DAY SCHOLAR []

BORDER []

YES

NO

PARENT'S DETAILS

	FATHER Single Parent - No [] Yes []	MOTHER Single Parent - No [] Yes []
FULL NAME		
ACADEMIC QUALIFICATION		
ORGANIZATION NAME		
DESIGNATION		
OFFICE ADDRESS		
MOBILE NO.		
EMAIL		
OFFICE PHONE		
OFFICE FAX		

PERMANENT RESIDENTIAL ADDRESS

PRESENT RESIDENTIAL/LOCAL GUARDIAN'S ADDRESS

POSTAL CODE	POSTAL CODE
RES.TEL.NO	RES.TEL.NO
MOBILE	MOBILE

We, hereby certify that the information provided in this enrolment form is correct to the best of our knowledge and belief.

DATE _____

SIGNATURE OF MOTHER _____

SIGNATURE OF FATHER _____

(FOR OFFICE USE ONLY)

ADMIT IN CLASS	SECTION	Admission Incharge	Principal

DELHI PUBLIC SCHOOL, Sector 12, R.K.PURAM, NEW DELHI 110022

Transfer/Birth Certificate Submitted [Yes/No]

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ENROLMENT FORM

(All the entries should be filled in the CAPITAL letters only) PART "B"

Admission Number (To be filled by the Admission Office Only)

Grid for Admission Number

Registration Number (To be filled by the Candidate Only)

Grid for Registration Number

FIRST NAME

Grid for First Name

MIDDLE NAME

Grid for Middle Name

LAST NAME

Grid for Last Name

Additional Information (if any)

DS-Day Scholar/BH-Boys Hosteller/GH-Girls Hosteller

Grid for Additional Information

Tick the appropriate

DS BH GH selection boxes

DETAILS OF ANY SIBLING(S) (REAL BROTHER/SISTER) PRESENTLY IN DPS R.K.PURAM/EAST OF KAILASH/VASANT VIHAR

Table with columns: ADMISSION NUMBER, CLASS, SEC, NAME

If you (Parents) are an Alumni of DPS R.K.Puram. Please provide details:

Table with columns: ADMISSION NUMBER, PASSING YEAR, BOARD ROLL NUMBER, RELATION WITH CHILD

DECLARATION

- 1. We, hereby, certify that the information given in this enrolment form is correct and valid.
2. Regarding date of birth and correct name
3. We, herey, undertake to abide by all the notification/instructions/circulars issued by the head of the school from time to time.
4. We further declare that we shall not make any request for a change either in the Date of Birth or the spelling of his/her name.
5. We shall use the official email id provided by the school for all school related communication and to access academic resources for our ward.
6. We authorize the school to send us communication on our mobile numbers registered with the school.
7. We will read and abide by all the Cyber/IT policy of the school.
We confirm the above declarations.

Date

Signature of Mother

Signature of Father

INSTRUCTIONS

- 1. The school reserves the right to cancel the admission of the student if it is found that the declaration/certificate submitted at the time of admission are found to be false / incorrect.
2. All disputes are subject to the jurisdiction of Delhi Courts only.
3. If at any stage after admission, it comes to our notice that any information concerning the admission of the child has been withheld by the parents, or that incorrect information has been given, the admission will be cancelled and the name struck off from the rolls.

Principal

DELHI PUBLIC SCHOOL, Sector 12, R.K.PURAM, NEW DELHI 110022

(This form to be filled up as per child's immunisation records and submitted at the time of documentation)

PART "C"

Name of the student

CLASS **GENDER** **BLOOD GROUP** **DATE OF BIRTH [DD-MM-YYYY]**

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Name of school (Tick the respective branch):

DPS RK Puram

 DPS Vasant Vihar

 DPS East of Kailash

Father's Name

Mother's Name

VACCINATIONS

Immunization	Recommended age	Date when done
BCG	0-1 month	
Hepatitis B	At birth	
	1 month	
	6 months	
DPT	1.5 months	
	2.5 months	
	3.5 months	
H Influenza B	1.5 months	
	2.5 months	
	3.5 months	
Oral Polio /IPV	At birth	
	1.5 months	
	2.5 months	
	3.5 months	
Measles /MMR	9 months	
MMR	15 months	
Chicken pox	15 months	
DPT+ OPV+ Hib	18 months	
Typhoid	2 years	
Hepatitis A I	1 year	
Hepatitis A II	18 months	
DPT+ OPV/IPV	4- 5 years	

BOOSTER DOSES

Typhoid(every 3 yrs)		
Tetanus (every 5 yrs)/D Tap		
Other vaccines		

HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

Does the child have any problem during physical activity Yes [] No []

Date _____

Signature of Mother

Signature of Father

DELHI PUBLIC SCHOOL, Sector 12, R.K.PURAM, NEW DELHI 110022

To be certified by a Registered Medical Practitioner

PART "D"

Full Name of the student

CLASS	GENDER	BLOOD GROUP	DATE OF BIRTH																	
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DATE OF EXAMINATION BY THE DOCTOR [DD-MM-YYYY]

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HEIGHT (CM)	WEIGHT (KG)	BLOOD PRESSURE	PULSE				
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SYS	<input style="width: 100%; height: 20px;" type="text"/>	DIA	<input style="width: 100%; height: 20px;" type="text"/>				

VISION (EYES)	SQUINT	CONJUNCTIVA	CORNEA				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">L</td> <td style="width: 15%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 15%;">R</td> <td style="width: 15%;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> </table>	L	<input style="width: 100%; height: 20px;" type="text"/>	R	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
L	<input style="width: 100%; height: 20px;" type="text"/>	R	<input style="width: 100%; height: 20px;" type="text"/>				

HEARING (EARS)

L	<input style="width: 100%; height: 20px;" type="text"/>	R	<input style="width: 100%; height: 20px;" type="text"/>
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Clinical Examination	Normal	Recommendation	
Head / Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of Current Health Condition

- Fit to Participate in age specific physical activity _ _
- Fit to participate in age specific physical activity with precaution
- Should not participate in competitive sport

Signature of Doctor _____ Date _____

Name of the Doctor _____

Regn. No. _____

MEDICAL CERTIFICATE BY SCHOOL DOCTOR

Certified that I have examined Master / Miss _____
and he / she is medically fit / unfit for admission in the School.

Date : _____ Signature of Medical Officer _____

DPS R.K. Puram

PART “E”

UNDERTAKING

We _____ & _____

Parents of _____

resident of _____

New Delhi _____, certify that all the information provided by us for admission to our ward to Delhi Public School, R. K. Puram []/ East of Kailash []/ Vasant Vihar [] is correct and we understand that if the information is found to be incorrect or false, our ward shall be automatically debarred from selection / admission process without any correspondence in this regard. The admission will also stand cancelled if the information provided is found to be incorrect or false, at a later date.

We, the parents, also understand that the application / registration / short listing does not guarantee admission to our ward.

We, the parents, accept the process of admission undertaken by the school and will abide by the decision taken by the school authorities.

Date_____

Name & Signature of Mother

Name & Signature of Father

DELHI PUBLIC SCHOOL, Sector 12, R.K.PURAM, NEW DELHI 110022

Branch - R.K.Puram [] /Vasant Vihar [] /East of Kailash []

PART "F"

Pay-in-Slip (Cashier Copy)

Class: _____

Admission Number		Student's Name	
Father's Name		Mother's Name	
Father's Mobile No.		Mother's Mobile No.	
PO/DD No.		Dated	
Bank Name		Amount	

DELHI PUBLIC SCHOOL, Sector 12, R.K.PURAM, NEW DELHI 110022

Branch - R.K.Puram

Pay-in-Slip (Bank Copy)

Class: _____

Admission Number		Student's Name	
Father's Name		Mother's Name	
Father's Mobile No.		Mother's Mobile No.	
PO/DD No.		Dated	
Bank Name		Amount	

DELHI PUBLIC SCHOOL, Sector 12, R.K.PURAM, NEW DELHI 110022

Branch - R.K.Puram

Acknowledgement-Slip (Parents Copy)

Class: _____

Admission Number		Student's Name	
Father's Name		Mother's Name	
Father's Mobile No.		Mother's Mobile No.	
PO/DD No.		Dated	
Bank Name		Amount	