

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

Transfer/Birth Certificate  
Submitted [Yes/No]

# ENROLMENT FORM

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

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

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

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Registration Number  
(To be filled by the Candidate Only)

--	--	--	--	--	--

FIRST NAME

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MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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NATIONALITY

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RELIGION

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GENDER [M/F/T]

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CATEGORY (WHETHER MEMBER OF SC/ST/OBC/EWG & DG)

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SCHOOL TRANSPORT REQD

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	DATE DD-MM-YYYY	Admission Incharge	Principal

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

Transfer/Birth Certificate Submitted [Yes/No]

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

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Registration Number  
(To be filled by the Candidate Only)

--	--	--	--	--	--

FIRST NAME

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MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME

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

ADMISSION NUMBER	CLASS	SEC	NAME

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

ADMISSION NUMBER	PASSING YEAR	BOARD ROLL NUMBER	RELATION WITH CHILD

**DECLARATION**

- We, hereby, certify that the information given in this enrolment form is correct and valid.
- Regarding date of birth and correct name**  
We hereby certify that the correct Date of Birth of my child/ward is [DD-MM-YYYY] \_\_\_\_\_  
(in words) \_\_\_\_\_ and the correct spelling of his/her name is \_\_\_\_\_ (In BLOCK Letters)
- We, hereby, undertake to abide by all the notification/instructions/circulars issued by the head of the school from time to time.
- 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.
- We shall use the official email id provided by the school for all school related communication and to access academic resources for our ward. This account will be used under our supervision and under no circumstance will be used for any other purpose.
- We authorize the school to send us communication on our mobile numbers registered with the school.
- 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**

- 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.
- All disputes are subject to the jurisdiction of Delhi Courts only.
- 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]

<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"/>	<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"/>	<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"/>
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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	1 year	
	30 months	
DPT+ OPV	4- 5 years	

### BOOSTER DOSES

Typhoid( every 3 yrs)			
Tetanus (every 5 yrs)			
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"**

Name of the student

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<b>CLASS</b>	<b>GENDER</b>	<b>BLOOD GROUP</b>	<b>DATE OF BIRTH</b>
[ ] [ ]	[ ]	[ ]	[ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

**DATE OF EXAMINATION BY THE DOCTOR [DD-MM-YYYY]**

[ ]	[ ]	-	[ ]	[ ]	-	[ ]	[ ]	[ ]	[ ]
-----	-----	---	-----	-----	---	-----	-----	-----	-----

<b>HEIGHT (CM)</b>	<b>WEIGHT (KG)</b>	<b>BLOOD PRESSURE</b>	<b>PULSE</b>				
[ ] [ ]	[ ] [ ] [ ]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>MIN</b></td> <td style="width:15%;">[ ] [ ] [ ]</td> <td style="width:15%;"><b>MAX</b></td> <td style="width:15%;">[ ] [ ] [ ]</td> </tr> </table>	<b>MIN</b>	[ ] [ ] [ ]	<b>MAX</b>	[ ] [ ] [ ]	[ ] [ ] [ ]
<b>MIN</b>	[ ] [ ] [ ]	<b>MAX</b>	[ ] [ ] [ ]				

<b>VISION (EYES)</b>	<b>SQUINT</b>	<b>CONJUNCTIVA</b>	<b>CORNEA</b>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">L [ ] [ ]</td> <td style="width:50%;">R [ ] [ ]</td> </tr> </table>	L [ ] [ ]	R [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]
L [ ] [ ]	R [ ] [ ]				

**HEARING (EARS)**

L [ ] [ ]	R [ ] [ ]
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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 - East of Kailash**

**PART "F"**

Pay-in-Slip (Cashier Copy)

Class:

Client Code: DPSEKC

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 - East of Kailash**

Pay-in-Slip (Bank Copy)

Class:

Client Code: DPSEK

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 - East of Kailash**

Acknowledgement-Slip (Parents Copy)

Class:

Client Code: DPSEKC

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	