



DELHI PUBLIC SCHOOL
A S A N S O L

Registration

Form

REGISTRATION NO. :

ISSUED ON : _____

FOR SESSION : _____

USE CAPITAL LETTERS ONLY

Please do not leave any column blank. Return the completed registration form within fifteen days from the day of issue the form. Form received at a later date will not be entertained.
The registration number will be used for all further intimation/communication.

Name of Student _____

Category : ST / SC / OBC / GENERAL

Date of Birth (dd/mm/yy) _____ / _____ / _____ Sex _____

Date of Birth (in words) _____

Age of the child on 31st March _____ Years Months Days

Class to which admission is sought (enter in words) _____

Residential Address _____

Affix passport size photograph

City _____ State _____ Pincode _____

Telephone (s) _____ E-mail _____

School in which the child is presently studying _____

Class in which the child is presently studying _____

Special skills and interests- _____

Parent's Data

Details of the parents Father Mother

Name _____

Qualifications _____

Profession _____

Organization's Name _____

Designation _____

Office Address _____

* Phone Nos. * Mobile No. * E-mail

