



# D P MEMORIAL PUBLIC SCHOOL

## AFFILIATED TO C.B.S.E. NEW DELHI

KARAN CHAURAHA. SARAI AKIL. KAUSHAMBI



CBSE AFFILIATION NO.- 2133602

SCHOOL CODE- 71660

E-mail: [dpmps71660@gmail.com](mailto:dpmps71660@gmail.com)

Contact- +91 7007468539

### ADMISSION FORM – 20... - 20...

(Filled by Office)

S. No. :-.....

Admission No.:-...../20.....

Date:.....

Class:-.....

Section:- .....

#### PERSONAL DETAILS:-

1. Name:- .....

.....

2. Gender:  Male  Female  Any Other

3. Date of Birth: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

In words

.....

(Attach Date of Birth Certificate Issued by the Competent Authority)

#### 4. PARENTS DETAILS:-

Details	Mother	Father
	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<b>Name</b>		
<b>Educational Qualification</b>		
<b>Residential Address</b>		
<b>E-mail</b>		
<b>Occupation</b>		
<b>Official Address</b>		
<b>Annual Income</b>		
<b>Parents Aadhaar No.</b>		
<b>Parents/Guardian Signature</b>		
<b>Contact/Mobile no.</b>		

Paste a latest photograph on here

**5. Whether the candidate is:-**

- (i) Single Girl Child: Yes  No   
(ii) Specially abled (Divyangjan): Yes  No   
(iii) Belonging to the EWS: Yes  No

(Attach proof wherever applicable)

**6. Category:** (Attach proof): General  SC  ST  OBC

**7. Aadhaar No.** (Mandatory) (Attach proof).....

**8. Name & Address of the last attended school:**.....  
.....  
.....

**9. Class Last Attended :-** .....

**10. Last School affiliated is**

- (i) CBSE  (ii) ISCE  (iii) IB  (iv) State Board   
(v) Any other (Please specify) .....

**11. Result Of Last Class:-**

Subject	Maximum Marks	Obtained Marks	% of Marks	Remarks

**12. Transfer Certificate Details:-**

Transfer Certificate No :-  
.....

Date of Issue:-.....

**13. Health Record:**

- (i) Blood Group  (ii) Height  In C.M. (iii) Weight  In Kg.

**14. Details of siblings (If any)**

Name	Brother/Sister	Age	School studying in

## DELCLARATION

I ..... hereby declare that the above information including Name of the Candidate, Father's/ Guardian's Name, Mother's Name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date:- .....

**Signature of the Parent(s)/Guardian**

Place:- .....

Relation with candidate .....

Correct entries from the Admission Forms to Admission and Withdrawal Register have been made on page no. .... On dated .....

**Signature of the Principal**

\* In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.

**\* Attached Documents:**

**a. 5** Passport size photos of Applicants / Candidates .

**b. 2** Passport size photos of Parents .

**c. Aadhaar Card**

    i. Candidates

    ii. Father's

    iii. Mother's

**d. Caste Certificate of Candidates .**

**e. Income Certificate of Candidates .**

**f. Previous class result .**

**g. Character Certificate .**

**h. Transfer Certificate .**



# D P MEMORIAL PUBLIC SCHOOL

AFFILIATED TO C.B.S.E. NEW DELHI

KARAN CHAURAHA. SARAI AKIL. KAUSHAMBI



CBSE AFFILIATION NO.- 2133602

SCHOOL CODE- 71660

E-mail: [dpmps71660@gmail.com](mailto:dpmps71660@gmail.com)

Contact- +91 7007468539

Date: \_\_\_/\_\_\_/20.....

## ANTI RAGGING LETTER

I .....

S/o- ..... Student of Class- .....

Sec- ..... in **D P Memorial Public School, Karan Chauraha, Sarai**

**Akil, Kaushambi.** I take oath not to create any bad deeds in College

Campus. If school management get any fault performed by me, I will

accept the legal punishment given by Principal or School

Management.

Name of Student- .....

Class- ..... Sec- .....

Mob- .....

Address- .....

.....

Students Sign : .....

Parents Sign : .....

Principal Sign