



Affiliation No. : 1030262

DELHI PUBLIC ACADEMY

B-5, DEENDAYAL NAGAR, GWALIOR (M.P.)

Affiliated to CBSE, New Delhi
An ISO : 9001-2008 Certified Institute

REGISTRATION FORM

1. Full Name of the Child :
as per birth certificate

2. Date of Birth:

3. Place of Birth.: _____ 4. Gender: M F

5. Nationality: _____ 6. Religion.: _____

7. Caste : SC ST OBC GENERAL (In case of SC/ST/OBC Submit Supporting Document/certificate)

8. Aadhar ID of the child _____ SSSMID : _____

9. Class to which admission is sought: _____ For academic session _____

10. Child's Bank Details:
Bank Name and address _____
Account No. _____

11. Address for Communication: _____
_____ City _____ State _____ Pincode _____

12. Permanent Address (If any): _____
_____ City _____ State _____ Pincode _____

13. Communication from school to be forwarded to : _____
SMS (Mob. No.) Email ID _____

14. Transfer Certificate : Attached / Not Attached

Photograph

EDUCATION HISTORY

Please list other PREVIOUS schools attended, if any:

Sr.	School Name	City and Country	Year of Admission	Grade Completed	Language of Instruction
1.					
2.					
3.					

14. Parental Information: Please Mention:

Father's Name _____
(as printed in official documents. No. Changes permissible)

Mother' Name _____
(as printed in official documents. No. Changes permissible)

Aadhar ID _____

Aadhar ID _____

Family SSSMID _____

Family SSSMID _____

Education _____

Education _____

Occupation _____

Occupation _____

Designation _____

Designation _____

15. Annual Income

Up to 1 Lakh

1 to 3 Lakh

3 to 5 Lakh

5 to 10 Lakh

More than 10 Lakh

Child Lives with: Both Parents

Father

Mother

Guardian

16. Person responsible for Payment of fees: _____

17. Name and Address of the Local Guardian(if any): _____ Mob. _____

18. Would you require school Transport: Yes No

DECLARATION

- "I here by declare that my child is not enrolled in any other school. If he/she find enrolled in other school, I will be responsible and ready for Consequences."
- "I agree to comply with the regulations of the School including those relating to the charging of interest on unpaid bills and the assessment of fees for less than 90 days notice of a student's withdrawal or for the late arrival of a student."
- "I understand and agree that under no circumstances the fees paid to the school will be refunded if a Student withdraws admission for *any reason*."

All the above information concerning my child is true to the best of my knowledge.

Signature

Full Name of Signatory: _____

Relationship to the child: _____

Date: ____ / ____ /20__

FOR OFFICE USE ONLY

Application Received On: ____ / ____ /20__

Date of Admission: ____ / ____ /20__

For DELHI PUBLIC ACADEMY