



DPS GOSAIN KHERA (JIND) CO-EDUCATIONAL

(A Unit of Delhi Public School Pvt. Ltd.)

School Campus: 10th Mile Stone, NH- 352, Rohtak Road
Village Gosain Khera – 126114 (JIND) Haryana

Website: www.dpsgosainkhera.com E-mail: dps_jind@yahoo.com

APPLICATION FOR ADMISSION

(Please Fill in BLOCK LETTERS)

Affix recent
coloured
photograph

Ref. No. :

Application No.

STUDENT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

Admission sought to Class

Session

DATE OF BIRTH (DD/MM/YY)

Age as on 1st April

NATIONALITY: INDIAN

OTHER

GENDER: MALE

FEMALE

CATEGORY: SC

ST

GEN

RELIGION

CHILD WITH SPECIAL NEEDS YES

NO

PRESENT ADDRESS

CITY

STATE

PIN

PHONE

MOBILE

PERMANENT ADDRESS

CITY

STATE

PIN

PHONE

MOBILE

NAME OF THE PREVIOUS SCHOOL ATTENDED

PERIOD OF STAY: FROM TO CLASS

MEDIUM OF INSTRUCTION SYLLABUS

LANGUAGE 1 LANGUAGE 2

PROFICIENCY IN CO-CURRICULAR ACTIVITIES

FAMILY INFORMATION

FATHER'S/GUARDIAN'S NAME

EDUCATIONAL QUALIFICATION

OCCUPATION DESIGNATION

OFF. ADDRESS PIN

PRESENT ADDRESS PIN

PH(R) PH (O)

EMAIL

ANNUAL INCOME

MOTHER'S NAME

EDUCATIONAL QUALIFICATION

OCCUPATION DESIGNATION

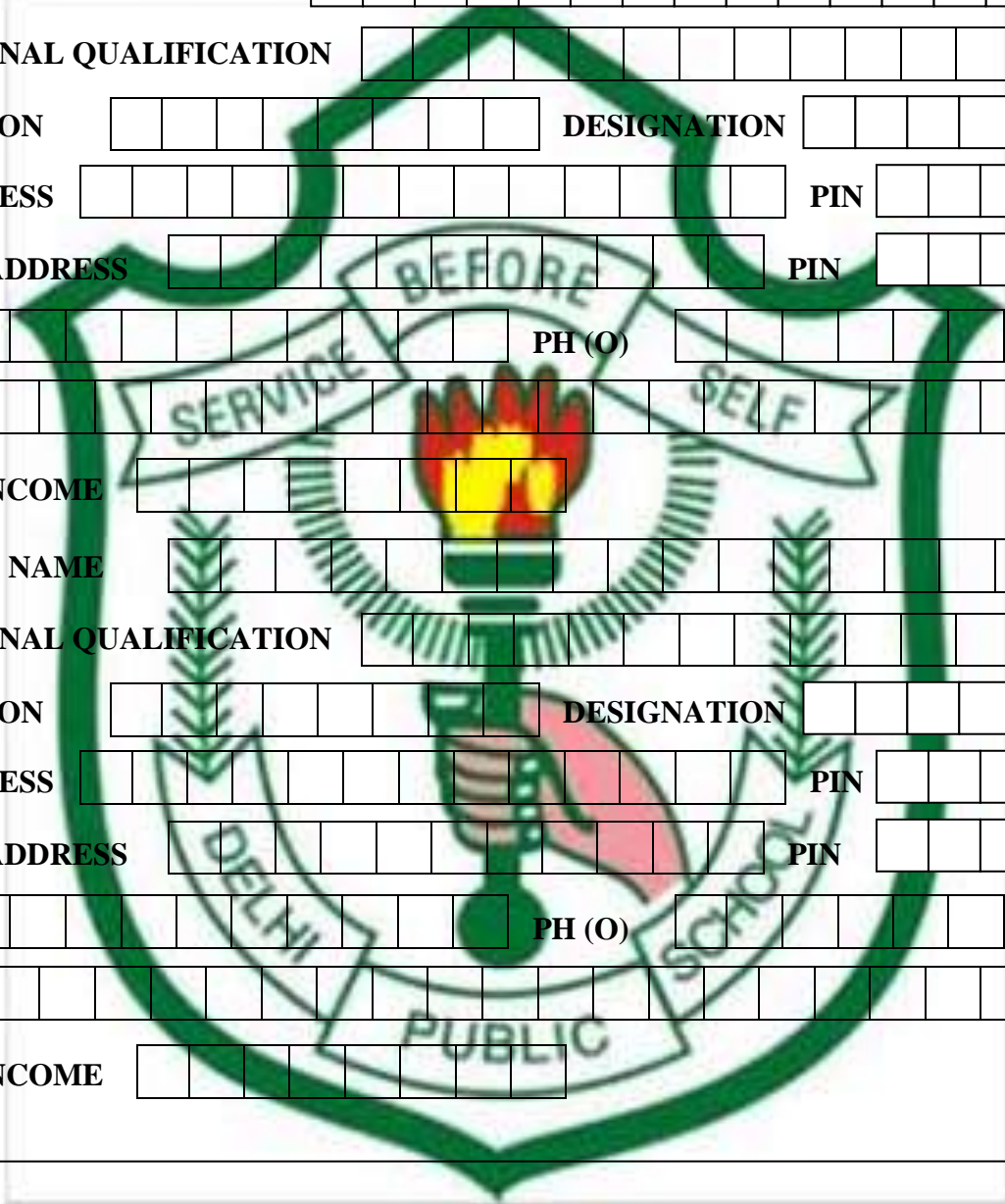
OFF. ADDRESS PIN

PRESENT ADDRESS PIN

PH(R) PH (O)

EMAIL

ANNUAL INCOME



OTHER INFORMATION

DAY CARE OR DAY BOARDING REQUIRED? YES NO

SCHOOL TRANSPORTATION REQUIRED? YES NO

SECOND LANGUAGE APPLIED FOR HINDI PUNJABI

DISTANCE OF YOUR RESIDENCE FROM DPS 3KM 5KM 10KM MORE

(Please Mention).....

HOW YOU GOT IN TOUCH WITH DPS GOSAIN KHERA?

WORD OF MOUTH NEWSPAPER (Please Mention.....) WEBSITE T.V

HOARDING INTERNET EXISTING PARENTS Please Mention.....

HAS YOUR APPLICATION REJECTED PREVIOUSLY YES NO

HAS YOUR CHILD STUDIED IN ANY OTHER DPS EVER? YES NO

IF YES PLEASE MENTION THE DETAILS:

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DECLARATION

- i) I hereby certify that the Date of Birth of my child / ward given in this form is correct to the best of my knowledge and I shall not make any request for change.
- ii) While I expect school authorities to exercise reasonable precautions to avoid injury or accident, hence I understand that the school has no financial obligation for any injury or accident that may occur while the child is in the school.
- iii) I understand that submitting false or misleading information or concealing correct information may disqualify the child for admission /education at this school.
- iv) I certify that I am a bonafide guardian of the child.
- v) I permit the usage of my ward's photograph / videos for school purposes in any media.
- vi) I hereby certify that my ward and myself shall follow all the rules, regulations & procedures laid down by school from time to time.
- vii) I understand and agree that filling up the admission form of my ward does not guarantee admission to the school.

Date:

Signature.....

Place:

.....

RELATIONSHIP.....

.....
Name in full (BLOCK LETTERS)

For Office Use Only

Transfer Certificate : Received or Not Received.....

If received, TC No. Date School.....

Passport size photographs (Two Copies) received or not received.....

Marksheets of Previous Classes : received or not received.....

Medical Officer's Report : Submitted or not Submitted.....

Other Documents, if any.....

Admission No. Class

Section House.....

Date :

Admission Director's Signature

Date :

Principal's Signature

ACKNOWLEDGEMENT SLIP

Application No.

NAME

ADDRESS PIN

FATHER'S NAME

DATE OF BIRTH (DD/MM/YY)

GENDER : MALE FEMALE

Date :/...../.....

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Admission Officer

