



DELHI PUBLIC SCHOOL MODINAGAR

(Under the aegis of DPS Society, East of Kailash, New Delhi)

REGISTRATION FORM

Student Details

Academic Year : _____ Class: _____

First Name : _____

Middle Name: _____

Last Name : _____

Date of Birth : _____

Aadhaar No.: _____

Gender : _____

Primary Mobile No.: _____

Email Id : _____

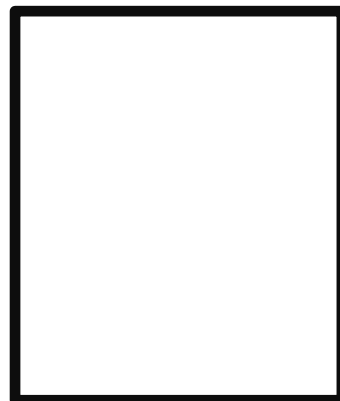
Category: _____

Religion: _____

Blood Group: _____ Nationality: _____ Birth Place: _____

Mother Tongue: _____

Previous School: _____



Father Details

First Name : _____ Middle Name: _____

Last Name: _____

Mobile No: _____

Email Id: _____

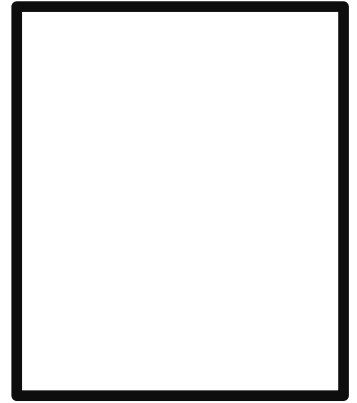
Qualification: _____

Occupation: _____ Designation: _____

Organization Name: _____

Organization Address: _____

Annual Income: _____



Mother Details

First Name: _____ Middle Name: _____

Last Name: _____

Mobile No.: _____

Email Id: _____

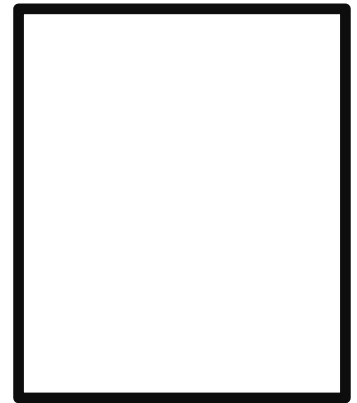
Qualification: _____

Occupation: _____ Designation: _____

Organization Name: _____

Organization Address: _____

Annual Income: _____



Guardian Detail If Any: ☐

Correspondence Address: _____

Correspondence Address : _____

Country: _____ State: _____

City: _____ Pin Code: _____

☐ Is Corresponding & Permanent Address same? ☐

Permanent Address: _____

Permanent Address: _____

Country: _____ State: _____

City: _____ Pin Code: _____

Documents Details

Date of Birth of child: _____

PAN card No of parents: _____

Parent Aadhaar Card No: _____

Child Aadhaar Card No: _____

Voter card: _____

Driving License: _____

Ration Card for address proof: _____

Declaration by the Parent / Guardian:

- I understand that incomplete application form will not be considered.
- I affirm to abide by the rules & regulations laid down or amended by the authorities of the School.
- I hereby confirm that the details in this form are true and correct to the best of my knowledge.
- I agree ☐

Parent's Signature: