

## DOCUMENTS TO BE ATTACHED

- Birth Certificate of Child
- Medical Fitness Certificate of Child
- Address Proof of Parents - Aadhar Card

# DIPS

PRE SCHOOL TO CLASS 5

Give wings to your dreams

De Indian Public School  
The Primary School

Address : Block B, Phase 1, Ashok Vihar,  
Delhi 110052

Contact Nos.: 011-47023515, 47023516, 7042144220

 [gbdips@gmail.com](mailto:gbdips@gmail.com)

 [deindianprimaryschoolashokvihar](https://www.facebook.com/deindianprimaryschoolashokvihar)

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 [www.gbdips.com](http://www.gbdips.com)

## STUDENT APPLICATION FORM

ADMISSION NO:

# De Indian Public School

PRE SCHOOL TO CLASS 5

## STUDENT APPLICATION FORM

— ■ SESSION: 20   - 20   ■ —

Instructions to fill the form:

1. Write clearly in BLOCK letters using blue or black pen.
2. Parents should fill the form in their own handwriting.
3. Tick whichever is applicable.

### A CHILD'S DETAILS:

- Name of the Child

First name

Middle Name

Last Name

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- Date of Birth (in words)

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- Date of Birth (in figures) 

D	D	<input type="text"/>	<input type="text"/>	M	M	<input type="text"/>	<input type="text"/>	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Age as on 31st March 

2	0	<input type="text"/>	<input type="text"/>
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 years 

<input type="text"/>	<input type="text"/>
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 months

- Class for which admission is sought:

- Sex: M/F  Nationality:

- Is school transport required: Yes  No

- Medical Information: Blood Group

- Does the child have some special needs: Yes  No

- (If yes, give details)

AFFIX LATEST PHOTOGRAPH OF THE CHILD

AFFIX LATEST PHOTOGRAPH OF THE FATHER

AFFIX LATEST PHOTOGRAPH OF THE MOTHER

AFFIX LATEST PHOTOGRAPH OF THE GUARDIAN

### B. PARENT'S DETAILS

FATHER

MOTHER

Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Academic Qualification(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
College/University	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Residence Address		
Phone No.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mobile No.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Occupation	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
(Service/Business/Other)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Designation	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Organisation	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Office/Business Address		
Phone No.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
E-mail ID	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### C. DETAILS OF CONTACT PERSON (GUARDIAN) IN CASE OF EMERGENCY:

Name	Relationship	Phone No.

### D. ANY OTHER CHILDREN IN THE FAMILY

Name	Age	Sex	School

### E. NAME AND ADDRESS OF TWO REFERENCES

Name	Address

I hereby certify that the above information is true

Signature: Father  Mother

**For Office Use Only**

Admitted to <input style="width: 60px;" type="text"/>	Teacher / Class <input style="width: 60px;" type="text"/>	Route No. <input style="width: 40px;" type="text"/>
Authorised Signatory <input style="width: 250px;" type="text"/>		