



DSB INTERNATIONAL PUBLIC SCHOOL

Gumaniwala, Rishikesh, Dehradun (Uttarakhand)-249204

+91-135-2452583, 9412056775 Fax- #91-135-2452857

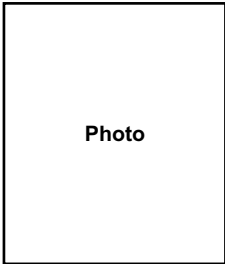
Affiliation No. 3530244, School No. 57134

website : dsbschool.net e-mail : dsbrksh@gmail.com

APPLICATION FOR REGISTRATION

(PLEASE FILL IN BLOCK LETTER)

SESSION 20.....-20.....



FEE RECEIPT NO. : _____

ADMISSION NO. : _____

ISSUE OF REGISTRATION FORM DOES NOT ENSURE ADMISSION

Part - A

Name : _____

D.O.B. : _____ (in words) _____

Age as on 1st April _____ Years _____ Months _____ Sex : M/F _____

Class in which admission is sought _____ Mother Tongue _____ Nationality _____

Do you belong to SC/ST/OBC : Yes/No (If yes, Please attach certificate)

Father's/Guardian's Name _____ Mother's Name _____

Academic Qualifications (Father) _____ (Mother) _____

Address _____

Phone No (R) _____ (O) _____ Mobile No. _____

e-mail ID _____

Occupation _____ Name of Company/office _____

Company/office Address _____

(For office Use only)

OFFICE COPY

Received a registration form (Name of Candidate) _____

_____ for the admission to class _____

and Registration fee of Rs _____ for the session 20.....-20.....

Registration No. _____

office superintendent _____

PARENT'S COPY

Received a registration form (Name of Candidate) _____

_____ for the admission to class _____

and Registration fee of Rs _____ for the session 20.....-20.....

Registration No. _____

office superintendent _____

Part - B

Name of Previous School _____

Class in which he/she was studying in last school _____

Position obtained in last examination _____ out of _____ in the year _____

Medium of instruction in previous school (Hindi/English) _____

Proficiency in games/co-curricular activities _____

Out Standing achievements (if any) _____

Details of % of marks obtained in last Annual examination

English	Maths	Hindi	EVS/Science	S.St.

Particulars of all real brother/ sister studying in DSB INTERNATIONAL PUBLIC SCHOOL, RISHIKESH

Name of Child	Admission No.	Class/Section

I hereby certify that the date of birth & spelling of name of child/ward given in this form are correct to the best of my knowledge and I shall not make request for change.

I hereby certify that my child/ward shall follow all the rules, regulation & procedures laid down by the school from time to time.

I authorise the school to any emergency medical treatment deemed advisable by licensed physician if I cannot be reached. I will be responsible for the Medical bills incurred.

I shall not hold school responsible for any untoward incident mishap occurred in school or during field trips/outing.

Name of Parent/Guardian _____ Signature of Parent/Guardian _____

Address _____

Phone No. _____ Mobile No. _____

Date.....Place.....

.....

Part-C

FOR OFFICE USE ONLY

Report of Admission Committee

Fit for Admission/Not fit for Admission

Signature of Admission Committee Members 1. _____
2. _____
3. _____

Admission Allowed/Not allowed

Signature of Principal

Date _____

T.C. Received/Not Received

Photo Copy of last result Received/Not Received

Photo Copy of Birth Certificate Received/Not Received

(along with original birth certificate for verification)

Fee Receipt No. _____ Date. _____

Signature of Accounts Officer/Manager - Accounts

Date. _____