DSB INTERNATIONAL PUBLIC SCHOOL

Gumaniwala, Rishikesh, Dehradun (Uttarakhand)-249204
+91-135-2452583, 9412056775, 7456056775
Affiliation No. 3530244, School No. 81472
website : dsbschool.net e-mail : dsbaccrksh@gmail.com

APPLICATION FOR REGISTRATION

(PLEASE FILL IN BLOCK LETTER)

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

Photo

FEE RECEIPT NO. : _____ ADMISSION NO. : _____

ISSUE OF REGISTRATION FORM DOES NOT ENSURE ADMISSION

Part - A

Name : _____

Student Aadhar No._____

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

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Part - B

Name & Address 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)_____

Last School T.C. No. & Date._____

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 occured in school or during field trips/outing.

Name of Parent/Guardian_____Signature of Parent/Guardian_____

Address _____

Phone No. _____Mobile No._____

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

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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. _____

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