



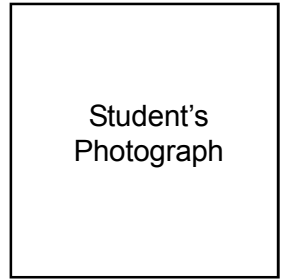
# DELHI PUBLIC SCHOOL

## VASANT KUNJ

NEW DELHI-110070

PHONE NO. 43261200

email: principal@dpsvasantkunj.com



### STUDENT DATA FORM

Session 2021-22

Whether Availing Bus Facility Yes  No

ADMISSION NO.	YEAR OF JOINING	BUS ROUTE NO.	BUS STAND	PVT.

NAME (in block letters) \_\_\_\_\_ CLASS \_\_\_\_\_ SEC. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
(In figures) (In words)

NATIONALITY \_\_\_\_\_ Gender : M / F Category : Gen / SC / ST / OBC / EWS / DG / BPL

RELIGION \_\_\_\_\_ (Tick whichever is applicable and attach proof)

RESIDENTIAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

TELEPHONE NUMBER (S) Landline \_\_\_\_\_

#### Father

NAME (in block letters) \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
DESIGNATION \_\_\_\_\_  
NAME OF ORGANISATION \_\_\_\_\_  
(with full address) \_\_\_\_\_  
TELEPHONE NO. (S) \_\_\_\_\_



MOBILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

#### Mother

NAME (in block letters) \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
DESIGNATION \_\_\_\_\_  
NAME OF ORGANISATION \_\_\_\_\_  
(with full address) \_\_\_\_\_  
TELEPHONE NO. (S) \_\_\_\_\_



MOBILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DETAILS OF ANY SIBLINGS (real Brother or Sister) STUDYING IN DPS, VASANT KUNJ

NAME OF CHILD	ADMN. NO.	CLASS/SEC.	REMARKS
1. _____	_____	_____	_____
2. _____	_____	_____	_____

ANY OTHER INFORMATION

• Staff Child (mention name of the parent working at DPS) \_\_\_\_\_

• If the parent is a dipsite (give year of passing ) \_\_\_\_\_

• Whether the candidate is

i) Specially abled (Divyangjan) Yes  No

ii) Belonging to the EWS Yes  No

(attach valid proof wherever applicable)

\_\_\_\_\_  
SIGNATURE OF FATHER

\_\_\_\_\_  
SIGNATURE OF MOTHER

\_\_\_\_\_  
NAME OF CLASS REP.

\_\_\_\_\_  
SIGNATURE OF CLASS REP.

**DELHI PUBLIC SCHOOL, VASANT KUNJ**

**ENROLMENT FORM**

**Session 2021-22**

Student's  
Photograph

**ADMISSION NO.** \_\_\_\_\_

Full Name of the Student (In Capitals) \_\_\_\_\_

Date of Birth (In words & figures) \_\_\_\_\_

Nationality of the Child \_\_\_\_\_ Gender \_\_\_\_\_

Category - General / SC / ST / OBC / EWS / DG / BPL (Tick whichever is applicable)

School conveyance required or not \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last Class Attended \_\_\_\_\_

Aadhar No. (Mandatory) (Attach Proof) \_\_\_\_\_

Father's Name (Block Letters) \_\_\_\_\_

Academic Qualification \_\_\_\_\_ Designation \_\_\_\_\_

Office Address \_\_\_\_\_

Mob. No. \_\_\_\_\_ E-mail \_\_\_\_\_ Office Tel. No. \_\_\_\_\_

Mother's Name (Block Letters) \_\_\_\_\_

Academic Qualification \_\_\_\_\_ Designation \_\_\_\_\_

Office Address \_\_\_\_\_

Mob. No. \_\_\_\_\_ E-mail \_\_\_\_\_ Office Tel. No. \_\_\_\_\_

Permanent Residential Address \_\_\_\_\_

Present Residential Address \_\_\_\_\_

Res. Tel. No. \_\_\_\_\_

Hometown \_\_\_\_\_ State \_\_\_\_\_ Nearest Railway Stn. & Airport \_\_\_\_\_

I solemnly affirm that the above information is true to the best of my knowledge. I shall abide by the rules of the school.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the Parent

Name & address \_\_\_\_\_

**(OFFICE USE)**

Admit in class \_\_\_\_\_ Sec. \_\_\_\_\_ House \_\_\_\_\_

Class Rep. \_\_\_\_\_ Class Teacher \_\_\_\_\_

**Admission Incharge**

**Principal**

## UNDERTAKING

I, the undersigned have made a careful note of various details regarding the payment of school fees and have made satisfactory arrangement for the remittance of the school fees within due dates without waiting for a reminder from the school. I will pay the school fees through Demand Draft / Crossed Cheque / Online in favour of Delhi Public School, Vasant Kunj by due dates as mentioned in the fee bill / statement of fee.

## WITHDRAWAL POLICY :-

If any parent or guardian chooses to withdraw the child from the school within one month from the date of admission, then the school shall retain the Registration Charges, Admission Fee, Tuition Fee and Annual Charges for one month only and the balance shall be refunded. In case of withdrawal after one month, annual charges and tuition fee till that respective month along-with one month notice fee will also be charged along with the above mentioned charges as per rules of the school.

## DECLARATION

I hereby declare that the information including Name of the Candidate, Father's /Guardian's Name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Parent

Student's Name

Admission No.

Parent's Name

Address

### (OFFICE USE ONLY)

1. Medical Officer's Report (DPS Vasant Kunj) \_\_\_\_\_

2. Transport Incharge \_\_\_\_\_ Bus Route No. \_\_\_\_\_

3. Has submitted the T.C./Birth Certificate in original \_\_\_\_\_



**VACCINATION (To be certified by a Registered Medical Practitioner)**

<b>Immunization</b>	<b>Age Recommended</b>	<b>Due Date</b>	<b>Date</b>
<b>BCG</b>	0-1 Month		
<b>Hepatitis B</b>	At Birth		
	1 Month		
	6 Months		
<b>DPT</b>	2 Months		
	3 Months		
	4 Months		
<b>HIB</b>	2 Months		
	3 Months		
	4 Months		
<b>Oral Polio</b>	At Birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
<b>Measles</b>	9 Months		
<b>MMR</b>	16 Months		
<b>DPT+OPV+HIB</b>	18 Months		
<b>Typhoid</b>	2 Years		
<b>Hepatitis A (2 Doses)</b>	2 Years		
<b>Chicken-Pox</b>	After 1 Year		
<b>DT-OPV</b>	4½ Years		

**BOOSTER DOSES**

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

**HEALTH HISTORY**

*Allergy to Any Food, Drugs, Bee-sting, Contact with Skin*

<b>Allergy</b>	<b>What happened</b>	<b>How severe</b>	<b>Medication taken at the time of Allergy</b>

Does the child have any problem during physical activity \_\_\_\_\_

Signature of Father \_\_\_\_\_

Signature of Mother \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Physical Examination \_\_\_\_\_

- Height in cm .....
- Weight in Kg .....
- Pulse .....
- BP .....

**V EYE**

- Vision R .....
- L .....
- Squint .....
- Conjunctiva .....
- Cornea .....

**V EAR**

- External ear R .....
- L .....
- Middle ear R .....
- L .....

**V ORAL CAVITY**

- Gums .....
- Colour .....
- Teeth .....
- Carries .....
- Tonsils .....
- Lymph Nodes .....

**V SKIN** .....

.....

**V NAILS** .....

.....

- V Head/ Neck .....
- V Abdomen .....
- V Musculo - skeletal system .....
- (Knees, Flat Feet, Lordosis, Kyphosis)

V Systemic examination .....

.....

V Serious illness .....

.....

Summary of Current Health condition .....

.....

.....

.....

- Fit to participate in age specific physical activity .....
- Fit to participate in age specific physical activity with precaution .....
- Should not participate in competitive sport .....

**Name of Doctor** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Doctor**



**DELHI PUBLIC SCHOOL  
VASANT KUNJ, NEW DELHI**

**CHECKLIST  
Academic Session- 2021-2022**

**Date:** \_\_\_\_\_

Name of the Child : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Registration No. : \_\_\_\_\_

Residential Address: \_\_\_\_\_

**List of Documents Submitted :**

- |  |              |
|--|--------------|
| 1. <b>Demand Draft for Rs. 60,000/-</b> in favour of Delhi Public School, Vasant Kunj, New Delhi.  | <b>Y / N</b> |
| 2. <b>Original Birth Certificate.</b>  | <b>Y / N</b> |
| 3. One recent Passport Size <b>Photograph</b> each of both the parents.  | <b>Y / N</b> |
| 4. Three recent passport size <b>photographs</b> of the child.   | <b>Y / N</b> |
| 5. <b>Immunization Record</b> of the child on the given format from a registered medical Practitioner.   | <b>Y / N</b> |
| 6. <b>Residential Address</b> : Any two proofs of residential address i.e. Electoral Identity Card / Aadhar Card / Valid Passport / Latest Paid Electricity Bill / Water Bill / Registered Lease Deed in case of rental accommodation. | <b>Y / N</b> |
| 7. <b>Sibling:</b> Identity Card / Latest Fee Bill of the sibling issued by the school office for 2020-21.   | <b>Y / N</b> |
| 8. <b>Alumni</b> : School Leaving Certificate / Sr. Secondary / Secondary Board Certificate stating the name of the school.  | <b>Y / N</b> |
| 9. <b>Single Parent</b> : Valid legal proof of his / her single status (death certificate / divorce decree and undertaking of single status).  | <b>Y / N</b> |

Verified by : \_\_\_\_\_

**Vice Principal**

**Principal**