

DELHI POLICE PUBLIC SCHOOL

B-4,Safdarjung Enclave, N Delhi 110029 Tel. Nos.: 7683071791, 8130996770 Website: www.delhipolicepublicschool.com

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		Reg.No	
REGISTRA TO BE FILLED IN CA			To be filled by the office TOTAL
1. Class applied for:			
2. Category: Police Other	s 🔿 CAPI	F O STAFF O	
Passport size photograph of Child	raph	Passport size photograph of Father	
3. INFORMATION RELATED TO CI	HILD		
i) Name of the Child :			
ii) Date of Birth : DD	MM	YEAR	
iii) Age (as on 31 st March)	years	months	
iv) Gender : Boy	Girl		
v) Mother Tongue :			
vi) Nationality :			
vii) Student's Aadhaar Card N	No :		
viii) Details of sibling studying	in DPPS SJE (re	eal brother/sister only)	
<u>S.No</u> <u>Adm.</u> <u>Name</u>	e of Brother/Sist	er <u>Class and</u> <u>Section</u>	
1.			
2.			

Tel.No. :	4. Residential Address :			To be filled b the office
6.Permanent Address: :				
7.DETAILS OF PARENTS Father's Name: Occupation : Qualification : Office Address: Tel.No.(Office) Mobile: Carries no points) Mother's Name Occupation : Qualification : Office Address:	5.Distance from school to home:		– Kms	
7.DETAILS OF PARENTS Father's Name: Occupation Qualification Qualification Cocupation Qualification Cocupation Particle Qualification Particle Cocupation Particle Particle	6.Permanent Address: :			
Qualification :	7.DETAILS OF PARENTS			
Office Address:	Occupation :		_	
Tel.No.(Office) Mobile:	Qualification :		-	
Tel.No.(Office) Email:	Office Address:		_	
Aadhaar Card No : (carries no points) Annual Income : (carries no points) Mother's Name Occupation Qualification :				
(carries no points) Annual Income : (carries no points) Mother's Name Occupation 0ccupation : Qualification : Office Address : Tel.No.(Office) Mobile: Email: Aadhaar Card No : (carries no points)	Email:			
(carries no points) Mother's Name Occupation : Qualification : Qualification : Office Address : Tel.No.(Office) Mobile: Email: Aadhaar Card No :				
Occupation :				-
Qualification : Office Address : Tel.No.(Office)Mobile: Email: Aadhaar Card No : (carries no points) Annual Income :	Mother's Name			-
Office Address : Tel.No.(Office)Mobile: Email: Aadhaar Card No : (carries no points) Annual Income :	Occupation :			-
Tel.No.(Office)Mobile: Email: Aadhaar Card No : (carries no points) Annual Income :	Qualification :			
Email: Aadhaar Card No : (carries no points) Annual Income :	Office Address :			
Aadhaar Card No : (carries no points) Annual Income :	Tel.No.(Office)	Mobile:		
(carries no points) Annual Income :	Email:			
(carries no points)	(carries no points)			

Guardian's Name:
Qualification :
Occupation :
Whether Employee of Delhi Police / Permanent staff of DPPS/SJE: - YES No
If Yes (Give Details as applicable):- Designation:
Belt No:
PIS No:
Place of Posting with District/Unit:
Office Address:
Tel.No.(Office)Mobile:
Email:
adhaar Card No :
Whether an Alumni : MOTHER : Yes No YEAR
FATHER : Yes No YEAR
Single Parent : Yes No
0. How you can help in the School's Development Academics, Sports, Co. Curricular if any other, Pl Specify
1.Medical Ailment
Does the child suffer from any Medical Ailment? Yes No
2.SPECIAL NEEDS
i) Does the child have special needs? Yes No
(Such as visual/hearing/orthopedic impairment, learning disability etc)
ii) If yes, give details: (Attach relevant documents)

13.Tick which ever is applicable :	SC 🔵 ST	OBC	GEN O
14.Other Minorities (tick which ever is	applicable)	Muslims	5 Jains
Buddhists Sikhs Ch	ıristian	Parsi	Others (Pl.Specify)

UNDERTAKING

- I. Please register my daughter/son/ward named above in the school. The self attested photocopies of the following documents are enclosed (please tick mark documents relevant to you)
 - i) Birth Certificate (along with the name of the child)
 - ii) Proof of Residence Ration Card, Aadhaar card, Passport, Election card (any one)
 - iii) Aadhaar card of the child and parents.
 - iv) Employer's Certificate (for D.P personnel only).
 - v) Medical Certificate (In case of any Ailment).
 - vi) Affidavit/other relevant papers(if Guardian).
 - vii) Documentary evidence of parent's single status.
- II. I ________ father/mother/guardian of ________ hereby declare that the above information given by me is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false. Original documents will be produced at the time of admission.

Signatures :

Father

Mother

Guardian

Date