



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

REGISTRATION FORM TO BE FILLED IN CAPITAL LETTERS ONLY

To be filled by
the office

TOTAL

1. Class applied for:

2. Category: **Police** **Others** **CAPF** **STAFF**

Passport size
photograph
of Child

Passport size
photograph
of Mother

Passport size
photograph
of Father

3. INFORMATION RELATED TO CHILD

- i) Name of the Child : _____
- ii) Date of Birth : DD MM YEAR
- iii) Age (as on 31st March) _____ years _____ months
- iv) Gender : Boy Girl
- v) Mother Tongue : _____
- vi) Nationality : _____
- vii) Student's Aadhaar Card No : _____
- viii) Details of sibling studying in DPPS SJE (real brother/sister only)

<u>S.No</u>	<u>Adm. No</u>	<u>Name of Brother/Sister</u>	<u>Class and Section</u>
1.			
2.			

4. Residential Address : _____

Tel.No. : _____

5.Distance from school to home: _____ Kms. _____

6.Permanent Address: : _____

7.DETAILS OF PARENTS

Father's Name:_____

Occupation : _____

Qualification : _____

Office Address: _____

Tel.No.(Office) _____ Mobile: _____

Email: _____

Aadhaar Card No : _____
(carries no points)

Annual Income : _____
(carries no points)

Mother's Name _____

Occupation : _____

Qualification : _____

Office Address : _____

Tel.No.(Office) _____ Mobile: _____

Email: _____

Aadhaar Card No : _____
(carries no points)

Annual Income : _____
(carries no points)



Details of Guardian (If Applicable)

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: _____

Aadhaar Card No : _____

8. Whether an Alumni : MOTHER : Yes No YEAR

FATHER : Yes No YEAR

9. Single Parent : Yes No

10. How you can help in the School's Development

Academics, Sports, Co. Curricular if any other, Pl Specify

11. Medical Ailment

Does the child suffer from any Medical Ailment? Yes No

12. 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)



