JAGRAN SOCIAL WELFARE SOCIETY

Regn. No. .....

DPS Castle of Dreams INDORE

Recent coloured passport photograph of the child

CLASS :
SESSION :

REGISTRATION FORM

(Non-Transferable)

1. Full name of the student .....
   (in Capital Letters)
2. Date of Birth (in figures) .....
   (in words) .....
3. Category: General ☐ SC ☐ ST ☐ OBC ☐ Gender ☐
4. Name of the school presently studying .....
   Whether affiliated to C.B.S.E/ any other board .....
5. Medium of instruction .....
6. Parental Information

	Father	Mother
Name	.....	.....
Qualification	.....	.....
Occupation	.....	.....
Name of Organization	.....	.....
Designation	.....	.....
Mobile	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐
E-mail	.....	.....
Bank Account No.	.....	.....
Bank name & Address	.....	.....
	.....	.....
	.....	.....

7. Annual Income
   ☐ Up to 1 Lakh ☐ 1 to 3 Lakh ☐ 3 to 5 Lakh ☐ 5 to 10 lakh
   ☐ More than 10 Lakh
8. The parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
9. Child Lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian
10. If the child is an adopted child, please tick ☐ Yes ☐ No

11. Person responsible for payment of fees: .....

12. Residential Address .....
.....

13. Any other information

i. Staff Child .....

ii. Sibling studying in DPS Castle of Dreams, Indore (If yes, scholar no.) .....

iii. IF parent is Ex. DIPSITE: Name of School with Address: .....

..... Year of passing out .....

Signature of Parents

UNDERTAKING/DECLARATION

1. I fully understand that the school, on accepting the registration of my ward, is not in any way bound to grant admission. I also understand that the decision of the Head Mistress regarding admission will be final and binding on me.
2. I fully understand that DPS Castle of Dreams, Indore has the right to offer admission based on vacancy of seats.
3. I hereby certify that the Date of Birth and spelling of name of my ward given in this form are true and correct and I shall not make any request for change.
4. I undertake that the information / documents submitted in this form are true and correct and not misleading and no relevant information has been concealed. I understand that false or misleading information or withholding correct information may disqualify my ward for admission/education at this school.

I hereby put my signature to confirm the above declaration.

Date _____ Signature of Parent/Guardian

Place _____ Name of Parent

INSTRUCTIONS

1. Registration once completed for a particular year is **Not-Transferable** to any other year or to any other child.
2. Issue of Registration Form does not Guarantee Admission.
3. Please enclose attested photocopy of Municipal Birth Certificate, Aadhar Card of Parent/Guardian and student.
4. Attach copy of certificates for proficiency in Games, Co-curricular / outstanding achievements. (If any)
5. Both the parents must accompany the student when called for an interaction/assessment.
6. Incomplete registration form will not be accepted. It is mandatory to attach all enclosures as stated above.

Admission Office:
DPS Campus, Nepania, Indore - 452016, (M.P.), Ph : 0731-2444401, 4064403

DPS
Castle of Dreams
INDORE

HEALTH CARD

1. Name of the student:.....
2. Class/Section: ..... 3. Date of Birth: .....
4. Father's Name: .....
5. Address: .....
   (With Tel. No.) .....
6. Immunization History

		Yes	No
a.	B C G:	☐	☐
b.	D P T:	☐	☐
c.	Oral Polio:	☐	☐
d.	D T:	☐	☐
e.	Measles/MMR:	☐	☐
f.	Tetanus Booster:	☐	☐
	(7 - 16 years):	☐	☐
g.	Typhoid:	☐	☐
h.	Cholera:	☐	☐
i.	Meningitis:	☐	☐
j.	Any Others:	☐	☐

   Note:
   1. Vaccines (a) to (f) are compulsory
   2. Vaccines (g) to (h) are optional but recommended to be given once a year.
   3. Vaccines (i) and (j) are optional, but recommended.
7. Blood Group: .....
8. History of Past illness:
   a) Specific diseases suffered in the past: .....
   b) Operation undergone in the past, if any, specify: .....
   c) Allergies if any: .....
   d) Any other diseases for which the child is on regular medication:.....
   e) Any bronchial problem: .....
9. Is the child fit for swimming & horse riding: .....

I shall have no objection to the School Medical Officer giving inoculation against Typhoid, A, B & Cholera to my child from year to year.

Signature of Parent **Date: .....**

MEDICAL CERTIFICATE OF FITNESS

(from Registered Doctor)

This is to certify that I, Dr. ..... have examined .....
aged ..... years, S/O or D/O ..... on date .....

His/ Her visual equity is normal / corrected with glasses, There is no other illness which would render the child unfit to join school. He/She is fit/unfit to join school. The child is fit for swimming & horse riding.

SIGNATURE & SEAL OF DOCTOR
Name: .....
Reg. No. .....
Date: .....