



Recent  
coloured  
passport  
photograph  
of the child

CLASS :
SESSION :

## REGISTRATION FORM (Non-Transferable)

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

	Father	Mother
Name	.....	.....
Qualification	.....	.....
Occupation	.....	.....
Name of Organization	.....	.....
Designation	.....	.....
Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail	.....	.....
Bank Account No.	.....	.....
Bank name & Address	..... ..... .....	..... ..... .....
- Annual Income
 

<input type="checkbox"/> Up to 1 Lakh	<input type="checkbox"/> 1 to 3 Lakh	<input type="checkbox"/> 3 to 5 Lakh	<input type="checkbox"/> 5 to 10 lakh
<input type="checkbox"/> More than 10 Lakh			
- The parents are:
 

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
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- Child Lives with:
 

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
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- If the child is an adopted child, please tick
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 .....

Place .....

Signature of Parent/Guardian

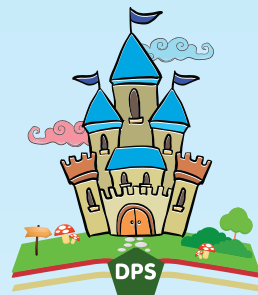
Name of Parent

### 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



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:	<input type="checkbox"/>	<input type="checkbox"/>
b. D P T:	<input type="checkbox"/>	<input type="checkbox"/>
c. Oral Polio:	<input type="checkbox"/>	<input type="checkbox"/>
d. D T:	<input type="checkbox"/>	<input type="checkbox"/>
e. Measles/MMR:	<input type="checkbox"/>	<input type="checkbox"/>
f. Tetanus Booster:	<input type="checkbox"/>	<input type="checkbox"/>
(7 - 16 years):	<input type="checkbox"/>	<input type="checkbox"/>
g. Typhoid:	<input type="checkbox"/>	<input type="checkbox"/>
h. Cholera:	<input type="checkbox"/>	<input type="checkbox"/>
i. Meningitis:	<input type="checkbox"/>	<input type="checkbox"/>
j. Any Others:	<input type="checkbox"/>	<input type="checkbox"/>

**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: .....