Registration Form for IOCL / Non IOCL

Application No :
To be filled in by the office)
Admission No

	gEFOPA .
Terrice	MM SELF
200	
	图入周
7	PUBLIC

Regd. No :__ Date of Registration : _____

DELHI PUBLIC SCHOOL PARADIP REFINERY

"Under the aegis of the Delhi Public School Society, Delhi"

Recent colour photograph in passport size of student
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	NON-TRAN	SFERABLE	
1. 2.	Name of the pupil (Please fill in Block Letter) a) Date of birth b) Date of birth in wards c) Age as on 31 st March b) Sex M F	Middle Name Last Year Example 0 1 1 1 Month Days	Name 2 0 0 0
3.	Mother Tongue Nationality	ur Prep I II III IV V VI VII VIII Religion	
4.			Mother
	Post Office (PO)		
	City: State		
	Res. Phone Nos (with STD code) i)		
5.	Family Particulars: Father		
0.	a. Nameb.Acad	emic Qualification	
	c. Occupation d. Designation		
	e. Annual IncomeOffice Ph		
	f. Work Details: Govt. Business		<u></u>
	(√)Occupation type		
	g. Office Address		
	h. Mobile NoE. Mail	Specimen signature of Fathe	r
6.	Family Particulars: Mother		
	a. Name	b. Academic Qualification	
	c. Occupation d. Designation	e. Office Phone No	
	f. Work Details: Govt. Business	NGO Professional	Others
	g. Office Address		
	h. Mobile NoE. Mail	Specimen signature of Mother	

^{*} Admission of Class X exclusively in transfer cases from CBSE affiliated school only on recommendation through the Regional Officer and subject to vacancy.

7.	Previous	academic red	cord of the student				
	a. Name of the previous school :						
			st attended :d				
	f. Mediur	n of Instructio	n	g. Proficiency	in Sports / Musi	c / Arts	
	h. Marks	obtained in the	ne Annual / Half Yearly Ex	amination			
8.	Grades	obtained in the	e SA-I / SA-II				
	ubject	English	2 nd Language Hindi / Sanskrit / Others	Math's	Science	Social Science	Others
	of marks Grade						
9.	Name of	Class of Brot	her / Sister studying in the	school			
	Name	of Child	Adm.	No.	Class/ Section	R	emarks
	1						
	2						
10.	Any ot	her informatio	n (Tick if applicable)				
	R	efinery	Pipelines	Ma	arketing		
	В	ottling	CISF	Ot	hers		
DE	CLARAT	ION					
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	my ward for remittance of registration fee. Automatic transfer to other DPSs will not be possible due to our transfer, change of residence or other circumstances. It will be my responsibility to drop / collect the child from the school / respective bus stops already decided by the school. I have made careful note of various details regarding the payment of school fees I will make satisfactory arrangements for remittance of the school fees by the 15 th of every quarter. I understand that rendering false or misleading information or withholding correct information disqualifies the child. Having read carefully the rules, regulations and procedures laid down in the school prospectus and being desirous of having my ward educated in DPS Paradip Refinery, I hereby agree to abide by them and any changes thereafter in all respects. I understand that the decision of the Principal shall be final and binding. Being desirous of getting my child / ward educated in DPS Paradip Refinery, I hereby agree to abide by all rules and regulations of the school. I have been communicated about the fee structure w.r.t. my ward by the school office and I undertake that I will pay the school fees by due dates without waiting for a reminder from the school. I hereby certify that the date of birth of my child / ward and the spelling of his / her name entered by me on the registration form are correct. I shall be solely responsible if they are found to be false at any point of time. I further declare that I shall not make any request for a change either in the date of birth of my ward or the spelling of his / her name. I understand that school does not provide any transport facility & I undertake the responsibility to arrange for transport of my ward. This is to certify that in case I do not claim the caution money paid by me for a period of three years after my ward leaves the school, the amount may be treated as donation to the school and any right over the refund of this amount stands reliquished. In the event of my ward bein						
			Signature of Mothe				
	Date _		Olgilatule of Motile	JI			

The Registration Form should reach the school within one month filling up the entire form is mandatory. Incomplete form may not be considered. The following documents must be attached with this form.

- i) Photocopy of the candidates Birth Certificate issued by the competent Village / Municipal / Govt. Authority. (affidavits or school certificate are not acceptable to certify DOB)
- ii) Photocopy of the Mark Sheet of the annual examination attended in the previous school.
- iii) Three recent passport size photographs of the pupil, one duly pasted in the application form and two to be provided with the Registration Form.
- iv) SC/ST/OBC/Others certificate (if any)
- v) Undertaking duly signed by the parents.



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Name	e				-	· · · · · · · · · · · · · · · · · · ·
	ar No. of student :			,cx clas	J	_ Nega. No
1.	Weightkg	2. Height	cm	3. Blood G	roup	·
4.	Power in case of Spectacles	s:		_ LT		_RT
5.	Ophthalmic Problem (s)		6.	Dental Proble	em (s)	
7.	Genito Urinary Problem(s)		8.	Orthopaedic	Problem	s (s)
9.	Respiratory Problem(s)		10). Skin Proble	ms (s)	
11.	Allergies & Drug Reactions		12	2. Metabolism	(Obesity	etc)
13.	Cardio Vascular Problem(s)		14	l. Epilepsy		
15	Learning Disabilities		16	6. Attention De	eficit Disc	order
17.	Hyperactivity Disorder		18	B. Any other C	NS Prob	lem (s)
19.	ENT Problem(s)		20). Gastro Intes	stinal Pro	blems (s)
21.	Any Other Problem (s)					
lmmı	unization					
a)	BCG b) F	Т	_ c) OPV_		d)	DT
e)	MMR/Measles f) To	etanus	g) Typho	oid	h)	Cholera
i)	Meningitis j) H	epatitis "B""	k) Any of	thers		
	Vaccines No. (a) to (f) are compulsory					
	Vaccines No. (g) and (h) are optional but recommended to be given once in a year.					
	Vaccines No. (i) and (j) are	optional but recommende	ed			
Histo	ry of Past Illness					
	Specified diseases suffered	in the past :				
	Operation undergone in the	past (if any) specify) :				
	Any other disease for which					
	Parents Signature				(Seal &	& Signature of the Doctor)
		MEDICAL CERTIFIC	CATE OF I	FITNESS		
This	is to certify that I have examir	ned				
S/o, I	D/o			01	n dated	
acco	rdingly to parents other illness	s, which would render the	e child unfit	to join the sc	hool.	
Rean	ı. No :			Signature	of Doctor	· (with seal)
				-		
Date				Name :		



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UNDETAKING BY PARENTS SEEKING ADMISSION FOR THEIR WARDS IN DPS PARADIP REFINERY

We,	Mr	& Mrs	parents of		
	seekinດຸ nery, do hereby undertake that :	g admission to the class	s in DPS Paradip		
1.	We will abide by all rules and regulars of the school being enforced from time to time in DPS Para Refinery.				
2.	The admission of DPS Paradip Refinery is provisional and will be regularized only on production the original marksheet and transfer certificate from the present school (for classes II onwards). Valso undertake that in case our ward fails in the existing school, his/her provision admission at DF Paradip refinery will be cancelled.				
3.	We agree that the Annual Fees, Tuition Fees etc, would be automatically linked with rise in the pricindex etc, and may be increased by abouit 10-15% in the beginning of the subsequent session, a determined by the Board of Management of the school.				
4.	The information given in the Admission form of our ward is true and correct to the best of or knowledge and belief. We understand that in case any information is found incorrect at any point time, admission of our ward in DPS Paradip Refinery will be cancelled without any prior intimation us.				
5.	Thought the school will take all precautionary measures, it is likely that the students may get hurt of meet with an accident during their sports hours or in the classes. The school authorities will not be held responsible for any unforeseen incident.				
6.	In case our ward is suffering from any disease / problem that prevent him / her to take part in some games and sports activities, we will inform the school authorities in writing as soon as possible along with a medical certificate.				
7.	We understand that for the purpose of uniformity in books, dresses & other similar items and maintenance of their quality, school may authorize dealers to provide these items to our wards and will be mandatory on our part to take items from them.				
8.	We will inform the school authorities about any change in our home address or telephone numbers immediately after the change for updating the records or will not hold the school responsible for no receiving.				
Moth	ner's Signature	Father's Signatur	e		
Nan	ne	Name :			
Date :		Date :	Date :		
Qua	lified to be admitted in class	Admission In-charge	Signature of Principal		