

# DELHI INTERNATIONAL PUBLIC SCHOOL

Sector-9, Rohini, Delhi-110085  
Tel. : 011-27864050, 27865040

Form No.: \_\_\_\_\_

## REGISTRATION FORM

Session.: \_\_\_\_\_

Passport Sized  
Photograph of  
Father

Passport Sized  
Photograph of  
Mother

Latest  
Passport Sized  
Photograph of  
The Child

### General Instructions:

1. Write in Capital Letters.
2. Documents to be submitted:
  - a. Attested Copy of Birth Certificate.
  - b. Attested Copy of any Two (2) Proofs of Residence.
  - c. Attested Copy of Aadhar Card (Father, Mother & Child)
  - d. Attested Copy of Immunisation Card.
  - e. Medical Certificate of Current Date.

Class for which admission is sought: \_\_\_\_\_ Registration No. \_\_\_\_\_

1. Name of the Child \_\_\_\_\_

2. Gender: (Male/Female) \_\_\_\_\_ Nationality \_\_\_\_\_

3. Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Aadhar Card No. \_\_\_\_\_

4. Residential Address : \_\_\_\_\_  
\_\_\_\_\_

5. Name of the School Last Attended \_\_\_\_\_

6. E-mail Address: \_\_\_\_\_

7. Father's Name: \_\_\_\_\_ Aadhar Card No. \_\_\_\_\_

7a. Phone No.: \_\_\_\_\_

7b. Educational Qualification: \_\_\_\_\_

7c. Occupation: \_\_\_\_\_

7d. Designation: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Organisation Address: \_\_\_\_\_

8. Mother's Name: \_\_\_\_\_ Aadhar Card No. \_\_\_\_\_

8a. Phone No.: \_\_\_\_\_

8b. Educational Qualification: \_\_\_\_\_

8c. Occupation: \_\_\_\_\_

8d. Designation: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Organisation Address: \_\_\_\_\_