

DELHI INTERNATIONAL PUBLIC SCHOOL

Sector-9, Rohini, Delhi-110085
Tel. : 011-41616613, 43444568
E-mail : dips9rohini@rediffmail.com
Website : dipsrohini.co.in

Form No.: _____

Session.: _____

REGISTRATION FORM

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 Immunisation Card.
 - c. Attested Copy of Aadhar Card (Father, Mother & Child)
 - d. Attested Copy of any Two (2) Proofs of Residence.
 - 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 & Address: _____

8. Mother's Name: _____ Aadhar Card No. _____

8a. Phone No.: _____

8b. Educational Qualification: _____

8c. Occupation: _____

8d. Designation: _____

Organisation Name & Address: _____

9. **Single Parent:** (Father / Mother / N.A.) _____
(Provide any documentary Proof)
10. **Sibling (Real brother/sister only)** Yes / No
If sibling in the same school give details of sibling _____
Sibling Name: _____ Class-Section: _____
11. **Medical Information: Does the Child have Some Special Need/Medical History?** (Yes / No)
If Yes, give details: _____
(Enclose authenticated documents)
12. **If transferred to Delhi from any other Place?** Yes/No. If yes, submit relevant documents.
13. **Is School Transport Required ?** (Yes / No) _____
14. **SC/ST/OBC:** _____
(Please attach the attested copy of the certificate)

CERTIFICATE FROM THE PARENT

I/We hereby certify that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false, the ward shall be automatically ineligible from selection / admission process without any correspondence in this regard. I/We also understand that the application /registration /short listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/We will abide by the decision taken by the school authorities and I shall produce the requisite documents at the time of admission.

Signature of the Mother

Date: _____

Signature of the Father

Date: _____

EVALUATION

FOR OFFICE USE :

S.No.	Parameters/Criteria	Neighbourhood	Sibling	Points	Points Awarded
1. (I)	Residence within 1 km from School (90 Points) + Sibling		Sibling (10 Points)		
(II)	Residence within 1 km from School (90 Points) Without Sibling		-----	-----	
2. (I)	Residence between 1-3 km from School (75 Points) + Sibling		Sibling (10 Points)		
(II)	Residence between 1-3 km from School (75 Points) Without Sibling		-----	-----	
3. (I)	Residence between 3-6 km from School (60 Points) + Sibling		Sibling (10 Points)		
(II)	Residence between 3-6 km from School (60 Points) Without Sibling		-----	-----	
4. (I)	Residence beyond 6 km from School (45 Points) + Sibling		Sibling (10 Points)		
(II)	Residence beyond 6 km from School (45 Points) Without Sibling		-----	-----	

ADMITTED / NOT ADMITTED

PRINCIPAL