CBSE Affiliation Number : 830092

Delhi Public School, Bangalore - North

Survey No. 35/1 'A', Sathanur Village, Bagalur Post, Bangalore North - 562 149.
Karnataka, India. Tel: 080 2972 4861-70 (10 Lines)
Email : principal@north.dpsbangalore.edu.in Website : http://north.dpsbangalore.edu.in

Please affix recent passport size photograph of student

REGISTRATION FORM 2022-23 (Nursery to IX)

Issue of Registration Form Does Not Ensure Admission

General Instructions : (1) Fill the form in BLOCK LETTERS only. (2) Do not enter registration number yourself. (3) Use the codes given overleaf to fill locality code / occupation code. (4) To be filled and signed by parents only.
(NAMES AND DOB ENTERED IN THIS FORM SHOULD MATCH WITH DOCUMENTS ATTACHED & WILL BE TREATED AS FINAL.)

Registration No.: _____ (Office use)

Receipt No.: _____ (Office use)

Entrar No.: _____ (Office use)

Date : _____

Name of the Student (applicant) **(IN BLOCK LETTERS)** _____ **Male / Female (TICK)**

Date of Birth (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐ Age as on 1st June 2022 _____

(in words) _____

Aadhaar Number : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Class to which Admission is sought _____

Nationality _____ Mother tongue _____

Religion _____ Please Tick (✓) SC/ ST/ BC / OBC / Others: _____
[Please Specify Caste and Category Enclose Certificate]

Blood group ____ Second language (for classes UKG - X) _____ Third language (for classes V - VIII) _____

Whether School Conveyance required : Please Tick (✓) Yes ☐ No ☐

Residential Address : _____
PLEASE GIVE COMPLETE POSTAL ADDRESS IN **BLOCK LETTERS**

_____

_____ Pin Code : ☐☐☐ ☐☐☐

Landline No.: _____ **Locality Code :** _____ (See overleaf)

Distance from school (in Kms) _____ (See overleaf for distance parameters) **Preferred Mobile Number for School SMS** _____ (only one)

Sibling ☐ Yes ☐ No Sibling's Name _____ **(Studying in DPS, Bangalore-North)**

If yes, give details
(only of biological / own brothers / sisters) Class / Section _____ Admission No _____

Whether the candidate is

Single Girl Child Yes ☐ No ☐ Specially Abled (Divyangian) Yes ☐ No ☐ Belonging to EWS Yes ☐ No ☐

School Alumni (DPS) Yes ☐ No ☐ **School Staff** Yes ☐ No ☐
Please fill details
(a) Year of studying from : _____ to _____ (b) Branch / City of DPS _____
(Please attach Relevant Documents)

Child with special needs: Yes ☐ No ☐ Specify _____

	FATHER	MOTHER
Name	:	
Phone Number	:	
Mobile Number	:	
E-mail (in **Block letters** only)	:	
Aadhaar Number	: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	☐☐☐☐ ☐☐☐☐ ☐☐☐☐