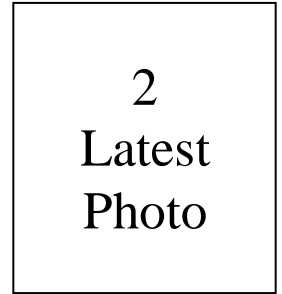


**DASHMESH PUBLIC SCHOOL**

Shalimar Garden Extension-I, Sbd, Gzb, U.P.  
 Ph:0120-2649056,9717673059,Mobile no.9319161520  
 Run by Dashmesh Education Society (Regd.) Delhi  
Email- dashmeshschool20@gmail.com  
 Website –www.dashmeshschool.com

**REGISTRATION FORM (FOR CLASSES PRE-PRIMARY & I) (2021-22)**

Please read the following instructions carefully before filling up the Registration Form:

**1. Name of the Student** \_\_\_\_\_

Class \_\_\_\_\_

Date of Birth Age of the Student  Yrs  Months  
as on 31.03.2021Gender  Male  Female

Nationality \_\_\_\_\_

Minority | Yes | | No |

Caste Category (GEN/ST/OBC/OTH) \_\_\_\_\_

Student's Aadhaar No. \_\_\_\_\_

Student's Bank A/C No. \_\_\_\_\_

**2. Father's Information**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Qualification \_\_\_\_\_ Designation \_\_\_\_\_

Email \_\_\_\_\_ Organization Name \_\_\_\_\_

Mobile Number \_\_\_\_\_ Organization Address \_\_\_\_\_

Annual Income \_\_\_\_\_ Phone No. \_\_\_\_\_

**3. Mother's Information**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Qualification \_\_\_\_\_ Designation \_\_\_\_\_

Email \_\_\_\_\_ Organization Name \_\_\_\_\_

Mobile Number \_\_\_\_\_ Organization Address \_\_\_\_\_

Annual Income \_\_\_\_\_ Phone No. \_\_\_\_\_

**4. Residential Address** \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Mobile No. \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

**5. Whether School Transport Required (Yes/No)** \_\_\_\_\_

(Note: Transport will not ply door to door .Parent has to drop child till fixed common stand .)

**6. Medical Information:**

Blood Group \_\_\_\_\_

Immunization Status (Attach Photocopy of Immunization Card) \_\_\_\_\_

Allergies to Medicine and Food(enclosed proof) \_\_\_\_\_

Birth History Complication / History of Major illness, if any (enclose proof) \_\_\_\_\_

**7. Previous School Information**

Name of School \_\_\_\_\_

Class Attended \_\_\_\_\_ % of Marks \_\_\_\_\_

**UNDERTAKING FROM PARENTS**

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

\_\_\_\_\_  
Signature of the Mother

\_\_\_\_\_  
Signature of Father

**FOR OFFICE USE  
ONLY**

Admission: Granted / Not Granted

**List of supporting documents (attested photocopies) to be attached with this Application form.  
Original documents to be produces by parents at the time of admission:**

1. 2 Photographs of Student
2. Photocopy of Marksheet
3. Date of Birth (Only for Pre-Primary and Class I Students)
4. Medical Fitness Certificate or Vaccination Card .(For all Classes)
5. Blood Group of Student
6. Residence Proof (For all classes)
7. Caste Certificate (If any)
8. TC (Ist onwards)
9. Aadhaar Card of Student
10. Identity Proof of Parents (Both Father & Mother) - Voter Identity Card / Aadhar Card.
11. Student's Bank passbook (First Page)
12. Documents related to medical history (If applicable)