

ISSUE OF REGISTRATION FORMS
DOES NOT ENSURE ADMISSION

SL. No.

Registration No.:



DELHI PUBLIC SCHOOL **KASHI**

School Office : Village - Sehmalpur, Kazisarai,
Babatpur Road, Varanasi-221105

Latest Photo

REGISTRATION FORM

Name of the Child (Block Letters) Master _____

Date of Birth (dd/mm/yyyy) :

(in words): _____

Age _____ Class to which admission sought : _____

Name of the school presently studying in _____

Board _____ Class _____

Nationality of the Child _____

Domicile _____ Whether SC/ST/OBC/Gen. _____

Residential address : (Please give complete postal address) _____

_____ Pin Code: _____

Phone Number : _____

Please fill in the following information :

FATHER

MOTHER

Name (Block Letters) : _____

Academic qualification : _____

University : _____

Occupation : _____

(Please give details)

Designation : _____

Office Address : _____

Mobile No. : _____

e-mail : _____

Details of brother/sister studying in this school _____

Signature of Father

Signature of Guardian

Signature of Mother

ADMIT CARD

Registration No. _____

Name of the child _____

Class to which admission sought _____

Name of the Father/Guardian _____

Signature of the Candidate in presence of the invigilator _____

Signature of the invigilator _____