



DHANIRAM

MEMORIAL PUBLIC SCHOOL

Village : Barpali, Dist.:Korba (C.G.) Info@dmpsedu.com, www.dmpsedu.com, Call:07759-279201, 279222, +917509939999

APPLICATION FORM

AdmissionDate: _____

Admission No: _____

Affix photo of Father

Affix photo of Father

Affix photo of Father

Admission required for :

Note: Please use capital letters only.

We, _____ and, _____ wish to admit our son/daughter/ward whose particulars are given below as a day scholar at Vydehi School of Excellence

A. INFORMATION OF THE CHILD

First Name Middle Name Last Name

Gender Male Female Date of Birth Date of Birth in words

Blood Group Religion Caste Nationality

Aadhar No.

Community SC/ST OBC GEN OTHERS

Languages known Mother Tongue

RESIDENTIAL ADDRESS

Father's Mobile No.
E-mail ID:

CORRESPONDENCE ADDRESS

Mother's Mobile No.
E-mail ID:

NOTE: IN CAPITAL LETTERS ONLY

Distance from school (in kms): Preferred Phone Number for school SMS :

Emergency Contact No.(Res / Mobile)	Name of the person to be contacted	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY INFORMATION

Father

Name :	Age :	Nationality :
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No:		

Mother

Name :	Age :	Nationality :
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No:		

Single Parent

Tick one, only if applicable

Father	Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Incase of staff word

Name of the parent:

B. DETAILS OF PERVIOUS STUDY

Year	School	Standard / Grade	Grade / Marks obtained in final exams

The previous school affiliated to: CGBSE CBSE ICSE OTHER

Awards won so far in sports, arts or academics

<input type="text"/>

MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY :

Birth Details: Normal Caesarian Forceps

Birth Cry : Immediate Delayed

Discharge from Hospital : _____ (Number of days)

Specialize care given in the hospital : Yes No

If Yes, NICU : Extended hospital stay

Explain : _____

HEARING :

Any difficulty observed : Yes No

Any Consultation with doctor done: Yes No

If yes, Explain: _____

VISION:

Any Consultation with doctor done : Yes No

Any of Spectacles / Corrective Lenses : Yes No

MOTOR MILESTONES (Approx Months) :

Sitting : _____

Standing : _____

Walking : _____

Speech : _____

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo / hyper) / any other condition :

Any Medication taken for general well being :

Any Allergy / any medical information that school should be aware of :

C. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
- Transfer Certificate - original copy (if applicable)
- Vaccination Card Copy
- Blood Group Report
- Passport size photos of child (5 copies)
- Passport size photos of parents (2 each)
- Adhar card copy of parents & child
- Copies of progress report cards for the last 3 years
- Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities

The above documents (recently attested photocopies) must be produced along with the filled application form.

- Transportation Form (if Required)

Please note : Staple all documents to the top left-hand corner of the application

D. MISCELLANEOUS

How did you hear about the Dhaniram Memorial Public School ?

Name of news paper	Website	Name of the Media	Others (please specify) / hoardings / pamphlets / word of mouth / catalogue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I, _____ have the authority to admit my child / ward _____, into the school as the parent / legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules. Regulations and the fee structure of the school.

Date _____

Singnature of Parent / Guardian _____

For dhaniram memoria public school Office use only!

Admission Co-ordinator
Date _____

Principal
Date _____