



DPS PLAY SCHOOL BURDWAN

Office : 105, P. C. Mitra Lane, Burdwan - 713 101
Campus : 41, P. C. Mitra Lane, Burdwan - 713 101
PH.: 0342 266 2679 | 900 237 1111 | 814 565 4555

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APPLICATION FOR ADMISSION

(Please Fill In BLOCK LETTERS)

WEB VERSION

Ref. No. :

Application No.

Affix Recent
Coloured
Photograph

STUDENT INFORMATION

FIRST NAME MIDDLE NAME

LAST NAME

ADMISSION SOUGHT TO CLASS SESSION

DATE OF BIRTH (DD/MM/YY) NATIONALITY : INDIAN OTHERS

AGE AS ON 1ST APRIL PLACE OF BIRTH

GENDER : MALE FEMALE CATEGORY : GEN SC ST RELIGION

CHILD WITH SPECIAL NEEDS YES NO

PRESENT ADDRESS

CITY STATE PIN

PHONE MOBILE

PERMANENT ADDRESS

CITY STATE PIN

PHONE MOBILE

FAMILY INFORMATION

FATHER'S/GUARDIAN'S NAME		<input type="text"/>																													
EDUCATIONAL QUALIFICATION		<input type="text"/>																													
OCCUPATION	<input type="text"/>	DESIGNATION	<input type="text"/>																												
OFF. ADDRESS	<input type="text"/>																											PIN	<input type="text"/>		
PRESENT ADDRESS	<input type="text"/>																											PIN	<input type="text"/>		
PH (R)	<input type="text"/>										PH (O)	<input type="text"/>																			
MOBILE	<input type="text"/>										ANNUAL INCOME	<input type="text"/>																			
EMAIL	<input type="text"/>																														
MOTHER'S NAME		<input type="text"/>																													
EDUCATIONAL QUALIFICATION		<input type="text"/>																													
OCCUPATION	<input type="text"/>	DESIGNATION	<input type="text"/>																												
OFF. ADDRESS	<input type="text"/>																											PIN	<input type="text"/>		
PRESENT ADDRESS	<input type="text"/>																											PIN	<input type="text"/>		
PH (R)	<input type="text"/>										PH (O)	<input type="text"/>																			
MOBILE	<input type="text"/>										ANNUAL INCOME	<input type="text"/>																			
EMAIL	<input type="text"/>																														

OTHER INFORMATION

DAY CARE OR DAY BOARDING REQUIRED ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SCHOOL TRANSPORTATION REQUIRED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SECTION APPLY FOR	MORNING SECTION <input type="checkbox"/>	DAY SECTION <input type="checkbox"/>			
DISTANCE OF YOUR RESIDENCE FROM DPS	3KM <input type="checkbox"/>	5KM <input type="checkbox"/>	10KM <input type="checkbox"/>	MORE <input type="checkbox"/>	(Please Mention)
HOW YOU GOT IN TOUCH WITH DPS BURDWAN?	WORD OF MOUTH <input type="checkbox"/>	NEWSPAPER <input type="checkbox"/>	(Please Mention		
T.V <input type="checkbox"/>	WEBSITE <input type="checkbox"/>	HOARDING <input type="checkbox"/>	INTERNET <input type="checkbox"/>	EXISTING PARENTS <input type="checkbox"/>	Please Mention
IF OTHER <input type="checkbox"/>	Please Mention				

DECLARATION

- i) I hereby certify that the Date of Birth of my child / ward given in this form is correct to the best of my knowledge and I shall not make any request for change.
- ii) While I expect school authorities to exercise reasonable precautions to avoid injury or accident, hence I understand that the school has no financial obligation for any injury or accident that may occur while the child is in school.
- iii) I understand that submitting false or misleading information or concealing correct information may disqualify the child for admission / education at this school.
- iv) I certify that I am a bonafide guardian of the child.
- v) I permit the usage of my ward's photographs / videos for school purposes in any media.
- vi) I hereby certify that my ward and myself shall follow all the rules, regulations & procedures laid down by school from time to time.
- vii) I understand and agree that filling up the admission form of my ward does not guarantee admission to the school.

Date:

Signature.....

Place:

.....

RELATIONSHIP

.....
Name in full (BLOCK LETTERS)

For Office Use Only

Copy of Birth Certificate : Received or Not Received

Stamp size photographs (6 Copies) received or not received

Medical Officer's Report : Submitted or not Submitted.....

Other Documents, if any.....

Admission No. Class..... Section.....

Date:

.....

Admission Director's Signature

Date.....

.....

Principal's Signature



ACKNOWLEDGMENT SLIP

Application No.

NAME

ADDRESS PIN

FATHER'S NAME

DATE OF BIRTH (DD/MM/YY)

GENDER: MALE FEMALE

Date : / /

.....

Admission Officer