



DELHI WORLD PUBLIC SCHOOL

MUZAFFARPUR

Under the aegis of DW Foundation - A Dipsites Pedagogy System

Patahi Four Lane, Near Dumri, Gobarsahi Chowk, Muzaffarpur - 843113

Tel. : 97985 22222, 97989 22222, E-mail : info@dpwsmuz.com

Web.: www.dpwsmuz.org

TO BE FILLED IN BY THE OFFICE

Registration No.

REGISTRATION FORM (PLEASE WRITE IN CAPITAL LETTERS)

Affix child's latest
passport size
coloured
photograph

1. Application Form Information

Class Applied for : _____ Application Date : _____

2. Candidate's Personal Information

Name : _____

Date of Birth : _____ DOB Certificate No.: _____ Age : _____

Aadhar No. : _____ Nationality : _____ Contact No.: _____

City : _____ State : _____ Country : _____ PIN _____

Category : _____ Religion : _____ School Transport Required :

3. Father's Details

Name : _____ Contact No.: _____

E-mail : _____ Occupation : _____

Residential Address : _____

Office Address : _____ Qualification : _____

Annual Income (In Rupees) _____ Designation : _____

4. Are you a former Student of DPS Yes No

5. If yes, Name of the Location : _____

6. Additional Information

Present Class _____ Present School Name _____

Board Name _____ Source of Information _____

7. Sibling Details (only real brother/sister currently studying in this school)

Name (1) : _____ (2) _____

Admission No.: _____ Class : _____

INFORMATION

- Child's age should be 3+ years as on 1st April for Nursery.
- Child's age should be 4+ years as on 1st April for Preparatory.
- Submission of Registration Form does not guarantee Admission.
- Short listed candidates will be informed telephonically/through mail/by post.

DECLARATION

I hereby certify that to the best of my knowledge and belief the information given is correct. I also agree that the decision of the school management regarding admission will be final and binding on me.

	Mother	Father	Guardian
Photograph	Affix latest passport size coloured photograph	Affix latest passport size coloured photograph	Affix latest passport size coloured photograph
Signature :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date :	<input type="text"/>	Place:	<input type="text"/>

NOTE : Please Keep a photocopy of duly filled registration form for future reference.

Parent's /Guardian's Signature