



# DELHI WORLD PUBLIC SCHOOL - MORBI

Under The Aegis of Delhi World Public Foundation

Campus Address : B/h. Baa Ni Vadi, Virpar, Morbi - 363641.

Email : [info@dwpsmorbi.com](mailto:info@dwpsmorbi.com) | Web : [www.dwpsmorbi.com](http://www.dwpsmorbi.com)

Contact Number : +91 - 75730 75065/20, +91-87587 91912/3

## Admission Form

(To be filled by the office )

Admission No.

GR No.

Aadhar Dies

Affix Child's  
Latest  
passport size  
coloured  
photograph

### Part - A

(Use Capital Letters only)

Particulars of the Child :

Name in Full : \_\_\_\_\_  
First Middle Last

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_  
Day Month Year

Aadhar No. : \_\_\_\_\_ Blood Group : \_\_\_\_\_

Gender : \_\_\_\_\_ No. of Brothers / Sisters : \_\_\_\_\_  
Male Female

Permanent Address with telephone No.: \_\_\_\_\_

Residential Address with telephone No.: \_\_\_\_\_

Emergency contact person and phone no. : \_\_\_\_\_

## Part - B

1. Mother Tongue : \_\_\_\_\_
2. Home Town : \_\_\_\_\_
3. Nationality : \_\_\_\_\_
4. Special Interests : \_\_\_\_\_
6. Social Category : SC  ST  OBC  General  Minority
7. Religion : Hindu  Muslim  Sikh  Jain  Buddha
8. Disability : \_\_\_\_\_ (Mention Type)

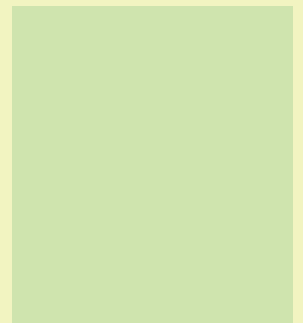
## Part - C

Previous School Particulars :

1. Previous school attended, if any : \_\_\_\_\_
2. Recognised / Not Recognised : \_\_\_\_\_
3. Address of the school : \_\_\_\_\_
4. Certified photocopy of transfer certificate submitted : \_\_\_\_\_  
YES NO NA

## Part - D

### Particulars of Father / Guardian



1. Name of Father / Guardian : \_\_\_\_\_  
First Middle Last
2. Educational Qualification : \_\_\_\_\_
3. Name of the Organization : \_\_\_\_\_
4. Organization Address with telephone No.: \_\_\_\_\_
5. Profession : \_\_\_\_\_ 6. Designation : \_\_\_\_\_
7. Annual Income : \_\_\_\_\_
8. Mobile No. : \_\_\_\_\_ 9. Email Id: \_\_\_\_\_

## Part - E

### Particulars of Mother / Guardian

1. Name of Mother / Guardian : \_\_\_\_\_  
First Middle Last

2. Educational Qualification : \_\_\_\_\_

3. Name of the Organization : \_\_\_\_\_

4. Organization Address with telephone No.: \_\_\_\_\_

5. Profession : \_\_\_\_\_ 6. Designation : \_\_\_\_\_

7. Annual Income : \_\_\_\_\_

8. Mobile No. : \_\_\_\_\_ 9. Email Id: \_\_\_\_\_

## Part - F

### DECLARATION BY PARENTS/GUARDIANS

We, hereby, certify that the information given in the Admission Form is complete and accurate. We understand and agree that misrepresentation or omission of facts will justify the denial of admission or the cancellation of admission. We have read and do hereby consent to the Terms and Conditions of the School.

**Signature of Mother:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Signature of Father:** \_\_\_\_\_ **Date :** \_\_\_\_\_

■ Whether School transport is required : Yes \_\_\_\_\_ No \_\_\_\_\_

## Part - G

### For School Use Only Check List

1. Birth certificate : \_\_\_\_\_

2. A copy of address proof : \_\_\_\_\_

3. Transfer Certificate (certified copy) : \_\_\_\_\_

4. Medical Form (Original) : \_\_\_\_\_

5. A copy of previous years report Card : \_\_\_\_\_

- 6. A copy of Aadhar Card : \_\_\_\_\_
- 7. Transportation Form (Original) : \_\_\_\_\_
- 8. A copy of Immunization Card : \_\_\_\_\_
- 9. A copy of fee payment receipt : \_\_\_\_\_

## Admission Information About Student

- Admitted to Class and Section : \_\_\_\_\_
- Stream (if any) : \_\_\_\_\_
- House allotted : \_\_\_\_\_
- Route No. allotted : \_\_\_\_\_
- Bus Stop : \_\_\_\_\_
- Name of the Accountant/Cashier : \_\_\_\_\_
- Accountant/Cashier's Signature : \_\_\_\_\_
- Date : \_\_\_\_\_

## For Information Only

- Name of Class Representative / Class Teacher : \_\_\_\_\_
- Signature of Class Representative / Class Teacher : \_\_\_\_\_
- Date : \_\_\_\_\_

## For Approval

- Name of the Principal/Headmistress : \_\_\_\_\_
- Principal/Headmistress Signature : \_\_\_\_\_
- Date : \_\_\_\_\_