



Delhi Public School Wavecity, Ghaziabad

An educational landmark of Beas Educational Society in collaboration with Delhi Public School Society, New Delhi
26th K M Milestone, Village-Dasna, Dist. Ghaziabad
Pin-201 015 , Utter Pradesh

PASTE
PASSPORT SIZE
COLOURED
PHOTOGRAPH OF
THE CANDIDATE

Please read Rules and Regulations before filling up the Registration Form.
ISSUE OF REGISTRATION FORM DOES NOT ENSURE ADMISSION. USE ONLY CAPITAL LETTERS
/ Please do not leave any column blank / Use N.A. wherever necessary

Name _____
FIRST MIDDLE LAST

Date of Birth Age as on 31/03/2016 Sex M F
YEARS MONTHS DAYS

Date of Birth (in words) _____ day of _____, _____
MONTH YEAR

Admission sought in Class _____ Class (in words) _____

The Class child presently studying in _____ Medium of instruction _____

The School child presently studying in _____

Second Language Hindi Sanskrit

Dipsite(Including Ex-DPS) Yes No

Nationality _____ Mother Tongue _____

Does the child suffer from any medical/physical problem? Yes No

Special skills and interests _____

Marks / Grade obtained in the last examination (for students of Class I onwards)	
Subject	% Marks / Grade
English	
Second Language <input type="checkbox"/> Hindi <input type="checkbox"/> Sanskrit <input type="checkbox"/> Others	
Mathematics	
General Science/EVS	
Social Science	
Aggregate	

Assessment / Observation / Interview / Interaction details	
DATE	
TIME	
ROOM NO.	
DATE OF REGISTRATION	



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Particulars of Parents / Guardian (Legal / Local)

Sl. No.	Particulars of Father	Particulars of Mother
1 Name (in BLOCK LETTERS)		
2 Educational Qualification		
3 Occupation		
4 Profession/Designation or Exact nature of Business		
5 Office Address		
6 Phone Number(s) (Office)		
7 Annual Income (`)		
8 Mobile Number(s)		
9 E-mail Address		
10 Specimen Signature		
11 Residential Address		
12 Phone Number(s) (Residence)		

Details of Local / Legal Guardian (In case parents do not reside in Ghaziabad)

Guardian Name: _____

Relationship with the candidate: _____

Residential Address: _____

City: _____ Pin: _____ E-mail: _____

Phone Number: _____ Mobile Number: _____

Details of Siblings

Sl No.	First Name	Age	Gender	Class	School

Parents Signature _____