

Dooars International Public School

Sonari-Kakribari, PO: Kharija-Kakribari, Gopalpur, Coochbehar - 736 179, WB
Ph: +91 3582 240 062, e-mail: contact@dipscoochbehar.com, Website: www.dipscoochbehar.com

Form No



Application for admission to

Class:

Academic Session

Paste
recent
coloured
passport size
photograph
here

Personal details of the applicant

Name of the applicant: _____
(Surname) (Middle name) (First Name)

Date of birth: _____ Sex: Male / Female Nationality: _____

Religion: _____ Category: Gen / SC / ST / OBC Blood Group: _____

Mother tongue: _____ Languages known: _____

Does the child have any medical or psychological condition? Yes / No (If 'yes', please provide details/Relevant documentation.) _____

Educational details of the applicant

Name of the present school: _____

Address: _____

Class last attended: _____ (Marksheet enclosed)

Reason for leaving the present school: _____

Admission related details

Admission seeking to class: _____

Would you like to avail the transport facility for the child? Yes / No (If 'yes', please fill the form for availing the transport facility.)

Would you like to avail the Boarding facility for the child? Yes / No (If 'yes', please fill the 'Boarding' form.)

Details of the Parents / Guardian

Father's Name: _____

Age: _____ Nationality: _____ Occupation: _____

Educational Qualification: _____ Contact No: _____

Mother's Name: _____

Age: _____ Nationality: _____ Occupation: _____

Educational Qualification: _____ Contact No: _____

Address: _____

Local Guardian's Name: _____

Age: _____ Nationality: _____ Occupation: _____

Educational Qualification: _____ Contact No: _____

Address: _____

Information of the Sibling/s

Name: _____

Age: _____

Gender: _____

School: _____

Grade: _____

Declaration

I/we, hereby, declare that the information stated in the application form are complete and true to the best of my/our knowledge and belief. I/we understand and agree that any misrepresentation or major omission of facts will justify the denial of admission, the cancellation of admission, expulsion. I/we further pledge to abide by the rules and regulations of the school already enforced or to be enforced from time to time.

If, in spite of normal precaution and necessary measures taken by the school authority any mishap, accident or injury occurs during the period of my ward/s stay in the school or during educational tours, excursions or camps as and when arranged by the school. I/we will not hold the institution or any other members of the staff wholly and partly responsible for that.

Date: _____
Signature of the parents/guardian

For office use only

Date of issue: Date of admission:

Registration No.:

Signature of the Office Asst.

Signature of the Principal