### **ADMISSION FORM**

\* Registration of your child does not confirm the admission.

INSTRUCTION: FILL THE FORM IN CAPITAL LETTERS ONLY AND ALL THE DETAILS

ACCORDING TO THE LAST SCHOOL DATA ONLY.

Academic Year:	Date of Admission:_	Admission No.	<u> </u>
	STUDENT I	DETAILS	
Student's Nam <u>e:</u>	Class:		
Date of Birth:			
In Words:			
Gender:	Nation		PHOTO
Category (SC, ST, OBC, GEI			
•	S MANDATORY TO BE SUBMIT		
Adhar Card No:	SSSM		
Bank Name:		√c No.:	
IFSC Code:	Email ID:		_
	PARENT D	ETAILS	
Father's Name:			
Occupation:			
Annual Income:			
Contact no:			РНОТО
Adhar Card No.:			
Bank Name:			
Bank A/c No.:			
IFSC Code:			
Email ID:			
Mother's Name:			
Occupation:			
Annual Income:			
Contact no:			РНОТО
Adhar Card No.:			
Bank Name:			
Bank A/c No.:			
IFSC Code:			
Email ID:			
Permanent			
Address:			
PIN Code:	District:	State:	
Present			
Address:			
PIN Code:	District:	State:	
Academic Year:	<u>For office u</u> Date of Admission:	<u>se only</u> Admission No.:	
	<u></u>	<del></del>	
Checked by: Name:	Verified by: Name:	Tally Entry Done by: Name:	
Signature with date:	Signature with date:	Signature with date:	
		<del></del>	page 1 of 1

		<u>GUARDIAN</u>	<u>DETAILS</u>	
Guardian Nan	ne:			
Contact No:		Adhar Card No.:		1
Relationship With the student :				РНОТО
•	viiii iiie siddeiii .			FIIOTO
Address:				
PIN Code:		District:	State:	
	<u>L/</u>	AST/ PREVIOUS S	CHOOL DETAILS	
Name of previo	ous school:		_	
TC No. of last so	chool TC:			
Reason for leav	ring last school:			
Name of studer	nt as per last school To	<u> </u>		
date of birth as	per last school TC:			
Name of mothe	er as per last school TO	<u>:</u> :		
Name of father	as per last school TC:			
		OTHER DI	ETAILS	
Avail Hostel F	acility: Yes	No Avail E	Bus Facility: Yes	lo
Siblings:	,	Sibling		
	n Delhi Public Scho			
		MANDATORY D	OCUMENTS	
S.NO.	DOCUM	MENTS REQUIRED		ED (YES/NO)
3.NO. 1	Birth Certificate (pl	· · · · · · · · · · · · · · · · · · ·	SOBIVITI	ED (TES/NO)
2				
3	Transfer Certificate (Original)  Marksheet of last attended school (photocopy)		nny)	
4	Caste Certificate (		(47)	
	Ì			
5	Photocopy of SSS	MID (समग्र आइडा)		
6	Student's aadhar o	• • • • • • • • • • • • • • • • • • • •		
7		count detail with IFSC co	de	
•	(photocopy of bank	·		
8	Parent's aadhar ca			
9		ount detail with IFSC cod	e	
	(photocopy of banl			
10	Ration card (photocopy)			
11	06 photos of student			
12	02 photos of father			
13	· · ·			
14 15	Guardian's aadhar card (photocopy)  02 photos of guardian			
	<u> </u>			
it is necessal	ry tor tne parents (i	•	ttest (sign) all the potocopie	s of the documents.
	_	For office u		
	ear:	Date of Admission:		<b>:</b>
Checked by:		Verified by:	Tally Entry Done by:	
Name:		Name:	Name:	
Signature with		Signature with	Signature with date:	
date:		date:	<u> </u>	
				page 2 of 4

### PROCEDURES, TERMS AND CONDITIONS

### I Card

Students have to be in proper uniform and wear I card all the time during school hours and untill they reach home.

Bus I card will be mandatory to pick and drop the child at/from bus stop everytime.

#### **School Fee**

Activity, Maintenance & Examination Fees should be paid during the first month of the academic session.

All fees are payable by A/c Payee cheque / through online latest by the 10th of the said month in favour of Delhi Public School. Katni.

Late fees will be charged after 10th of every month, if fees not paid.

School Management will not be responsible if you are handing over the fee to any driver/ conductor/ aya bai or any other staff.

### **Refund of Fee**

Fees once paid is NOT refundable for any reasons whatsoever.

Only caution money will be refundable without interest.

#### **Bus Rules**

Bus fees is chargeable for the whole academic year.

Bus stop will be decided by school transport department only.

Students have to abide by the bus stop timing.

Request for using the bus facility should be made in the starting of the year.

Any change in address or bus route will be entertained only if the reason is geniune and handwritten application is submitted for the same.

Decision between the parents and driver/ conductor regarding the bus stop will not be entertained.

DATE:	SIGNATURE OF FATH	IER SIGNATURE OF	SIGNATURE OF MOTHER	
	For office us	<u>e only</u>		
Academic Year:	Date of Admission:	Admission No.:	<del></del>	
Checked by:	Verified by:	Tally Entry Done by:		
Name:	Name:	Name:		
Signature with	Signature with	Cianatura with data.		
date:	date:	Signature with date:		
			page 3 of 4	

DECL		N DV TUC	DADENIT	[/GUARDIA	NI
DEGL	.ARAIIU	IN DI 100	PARCINI	/GUARDIA	·IV

*I HEREBY DECLARE THAT SCHOOL M , IF FAIL TO SUBMIT ALL THE RELEVAI		NCEL THE ADMISSION OF MY SON/DAUGHTER E OF ADMISSION ONLY.
UNDERSTAND THAT IF ANY INFORMA	TION GIVEN BY ME IS FOUND	E BEST OF MY KNOWLEDGE AND I FULLY FALSE, SCHOOL MANAGEMENT WILL HAVE ER AND I WILL BE FULLY RESPONSIBLE FOR
DATE:	SIGNATURE OF FATHER	SIGNATURE OF MOTHER
	FOR OFFICE USE ONLY	<u>/</u>
	ADMISSION INCHARG	E
I	HAVE CHECKED ALL THE RELEV	ANT DOCUMENTS RELATED TO ADMISSION AND
HAVE FOUND SIMILARITY IN ALL THE DO		THE DOCUMENTS NEW YORK TO NOW ISSUED AND THE
DATE		CICNATURE
DATE	VERIFYING INCHARGI	SIGNATURE
	VERII TING INCITATION	-
I	VERIFIED ALL THE RELEVANT D	OCUMENTS AND ALL THE DETAILS ARE CORRECT
AS PER THE DOCUMENTS PROVIED BY TH		IN BE GIVEN TO
I	N CLASS	
DATE		SIGNATURE
	PRINCIPAL'S REMARK	4
DATE		SIGNATURE
Academic Year: Dat	e of Admission:	Admission No.:
Addenne rear bat	c of Admission.	
FILE NO.:	DATE:	OFFICE INCHARGE'S SIGN
		Page 4 of 4

# DELHI PUBLIC SCHOOL, CHAKA, KATNI (M.P.) PROFORMA FOR MEDICAL CERTIFICATE

\* This form has to be filled and submitted with the admission formalities.

Student's Name:	S/D/c			
Age at the time of med	lical examination:			
Address:				
Phone No.: Mother:		Father:		
Weight:	Height:Blood Group:			
	MEDICAL CER	TIFICATE		
I hereby certify that		S/D/o		
has been examined by th schoool.	e undersigned and has found	him/her mentally and physically fit to join the		
Date:	Name of the Doctor:			
	Signature:			
	Seal:			
Signature of Father	/Guardian	Signature of Mother/Guardian		
	For office us	e only		
Academic Year:				
Checked by:	Verified by:	Tally Entry Done by:		
Name:	Name:	Name:		
Signature with date:	Signature with date:	Signature with date:		

### **TRANSPORTATION FORM**

INSTRUCTION: FILL THE FORM IN CAPITAL LETTERS ONLY

To,					
The Principal,					
I/We hereby request you to	kindly provide the bus facility to my	son/ daughter			
classfrom Del	hi Public School,Katni to				
and from to Delhi Public School, Katni (stoppage will only be decided by the school transport section) w.e.f on the account of his/ her					
Student's Name:					
Class:	Ag	ge:			
Date of Birth :	IN words:				
Address:					
Mobile No. (Father):	Mobile	No. (Mother):			
Mobile No. (Guardian):					
	DECLARA	ATION			
* We undertake to pay the	e bus fee according to the rules in	force from time to time.			
*We understand that bus	fee is chargable for the whole aca	demic session.			
*We understand that it wo	ould be our responsibility to drop a	nd pick-up our child at/from the	e specified bus-stop		
after showing the bus I-Ca	ard only.				
	ous stopage will be decided by sch		<b>'.</b>		
-	acility is extened to our ward at ou	-			
	child will be allowed to travel in the	•			
	facility may/ may not be provided	•	ss, providing bus		
•	school management's jurisdiction				
* We understand that if we	facility will only be stopped mid se e send any fee with driver/ conduc				
responsible for the same.			a : 20.1		
* We understand that we solely responsible for the	will not support any driver/ conduc same.	ctor/ ayabai/ or any other staff	otherwise we will be		
_	any complain against the bus sec	ction we will bring in the knowle	edge of the		
management.  * We understand that if an	ny damage is done to the school /	hus property by our child we w	vill he responsible for		
the fine or replacement of		bus property by our crima we v	viii be responsible for		
· •	ereby concent to the terms and co	nditions regarding transportati	on.		
0	<b>3</b> P	2.	(Made alo		
Signature of Father/0	Juardian	Signature o	of Mother/Guardian		
	For office us	se only			
Academic Year:	Date of Admission:	Admission No.:			
Checked by:	Verified by:	Tally Entry Done by:			
Name:	Name:	Name:			
Signature with date:	Signature with date:	Signature with date:			
<u></u>	uate.	<del></del>			

### **HOSTEL FORM**

### **INSTRUCTION**: FILL THE FORM IN CAPITAL LETTERS ONLY Student's Name:\_\_\_\_\_ In words:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Class:\_\_\_\_\_ Aadhar card number:\_\_\_\_\_ SSSMID:\_\_\_\_\_Email ID: \_\_\_\_\_ Blood Group ( with Doctor's report):\_\_\_\_\_ Father's Name:\_\_\_\_\_ Phone No.: Email ID: Aadhar Card No.: Father's signature with date: Mother's Name:\_\_\_\_\_ Phone No.: \_\_\_\_\_ Email ID: Aadhar Card No.: \_\_\_\_\_ Mother's signature with date: First Guardian's Name:\_\_\_\_\_\_ Relatinship with the student: Phone No.: \_\_\_ Aadhar Card No.: First Guardian's signature with date: Second Guardian's Name:\_\_\_\_\_\_ Relatinship with the student: \_\_\_\_\_\_ Phone No.: Aadhar Card No.: \_\_\_\_\_ Second Guardian's signature with date: For office use only Academic Year: \_\_\_\_\_ Date of Admission: \_\_\_\_\_Admission No.:\_\_\_\_ Checked by: Tally Entry Done by: Verified by: Name: Name: Name: Signature with Signature with Signature with date: date: \_\_\_\_ date:

РНОТ	OGRAPH OF STUDENT, MOTHER, F	ATHER AND GUARDIANS TOGETHER
*TO BE FILLED BY PA	RENTS ONLY	
1. Our child		is a student of class
	either of us (father / mother/ guardi	an ) will sign all his/ her leave applications/
open houses etc.	, , , , ,	, , , , , , , , , , , , , , , , , , , ,
2. We agree to send a writt	en application or an email from our a	uthorised mail id 1 week before taking leave
for our child.		-
	rize Mr./ Mrs	
4. We understand we will o	nly be allowed to meet our child in th	ne visitors room only. We understand that we
are not allowed inside the h		
5. We understand that no d	ay border friend will be allowed in th	e hostel building after school hours.
6. We agree that we will no	t give any electrical gadgets like mus	ic systems, heaters, kettles, iron, mobile
	ppliances are not allowed in the host	
	ool /hostel property will be damaged	by our child we will responsible for the fine or
replacement of the loss.		
8. We agree that entry/ exit	: will not be allowed in the hostel afte	er 6:30 pm untill and unless there is a genuine
emergency.		
9. If our child is on any type	of medication we agree to provide t	he doctors certificate and prescription for the
same.		
•	,	ations of the school/ hostel, school management
will be free to cancel the ho	stel facility of my child.	
Signature of Father/	Guardian	Signature of Mother/Guardian
orginataro er i atriori		<u> </u>
	For office u	
Academic Year:	<del></del>	
Checked by:	Verified by:	Tally Entry Done by:
Name:	Name:	Name:Name:
Signature with	Signature with	Signature with date:
date:	date:	<del></del>
	PRINCIPAL'S F	REMARK
		010110-
DATE		SIGNATURE

## **HOSTEL RULES AND REGULATIONS**

### **GENERAL RULES**

	GENERAL RULES
1	Hostellers must follow the daily routine of hostel and school, unless exempted on medical grounds or or
	recommendation of the Principal.
2	Hostellers are not allowed to any money or any valuables in their possession.
3	Hostellers will not be allowed to go back to hostel rooms during school and game hours.
4	Electrical gadgets like music system, heaters, kettles, irons, mobile phones or any other such
	appliances are not allowed in hostel.
5	Beds, Cupboards, shoe racks must be arranged neatly, surprise checks are made by hostel warden and a
	extra items other than those specified in hostel kit, will be confiscated.
6	The hostellers will remain in their respective floors after the night roll call for self study.
7	Results will be sent to the parents along with the report of student's behaviour and conduct by the hos
,	warden.
8	Parents and vistors will will not be allowed to visit the hostel rooms. They will only be allowed to meet
· ·	the visitors room.
9	
-	Physical exercises will be compulsory for all the hostellers unless exempted by the school clinic doctor.
10	Shoes will complusory wihile doing physical exercises.
11	Shoes will complusory within doing physical exercises.
11	Hostellers will not be allowed to to go to any isolated area also without any teachers or hostel warden.
12	
12	Scribbling graffiti on the walls, usage of foul language, unruly movement in corridors or any other form
	vandalism will not be allowed in the hostel/ school campus.
13	Serious offences like cheating in examination, stealing, physical violence or damaging school/ hostel
	property will be dealt severely and could mean suspension/ expulsion from hostel depending on the
	severity of the offence.
14	If any kind of damage is done by the student to school/ hostel property parents will be responsible for
	replacement or fine af any.
15	Students will to allowed to attend/ make call of/to parents twice a week.
	RULES REGARDING MEDICAL CONDITIONS
1	Hostellers will not be allowed to keep or take any medicine /tonic without the knowledge of hostel
2	Any hostellers falling sick will be report to the school clinic. Emergency cases will be reported to hostel
3	
3	If the child is taking any kind of medicine, original hard copy of the prescription is must to be provided
3	
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	If the child is taking any kind of medicine, original hard copy of the prescription is must to be provided  RULES REGARDING HOSTEL TIMINGS, LEAVES etc  Every Second Saturday and fourth Saturdayafter school, hostellers will be allowed to visit their parents,
1	If the child is taking any kind of medicine, original hard copy of the prescription is must to be provided  RULES REGARDING HOSTEL TIMINGS, LEAVES etc
	If the child is taking any kind of medicine, original hard copy of the prescription is must to be provided  RULES REGARDING HOSTEL TIMINGS, LEAVES etc  Every Second Saturday and fourth Saturdayafter school, hostellers will be allowed to visit their parents, local guardians with prior permission of Principal.
2	If the child is taking any kind of medicine, original hard copy of the prescription is must to be provided  RULES REGARDING HOSTEL TIMINGS, LEAVES etc  Every Second Saturday and fourth Saturdayafter school, hostellers will be allowed to visit their parents, local guardians with prior permission of Principal.  Obtaining gate pass with Principal's permission will be compulsary for going out of school/ hostel.
1	If the child is taking any kind of medicine, original hard copy of the prescription is must to be provided  RULES REGARDING HOSTEL TIMINGS, LEAVES etc  Every Second Saturday and fourth Saturdayafter school, hostellers will be allowed to visit their parents, local guardians with prior permission of Principal.  Obtaining gate pass with Principal's permission will be compulsary for going out of school/ hostel.  If the parents are applying for long leaves for their children then a written application or mail from an
2	If the child is taking any kind of medicine, original hard copy of the prescription is must to be provided  RULES REGARDING HOSTEL TIMINGS, LEAVES etc  Every Second Saturday and fourth Saturdayafter school, hostellers will be allowed to visit their parents, local guardians with prior permission of Principal.  Obtaining gate pass with Principal's permission will be compulsary for going out of school/ hostel.  If the parents are applying for long leaves for their children then a written application or mail from an authorised mail id have to sent to Principal for permission before hand.
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1 2 3 4	RULES REGARDING HOSTEL TIMINGS, LEAVES etc  Every Second Saturday and fourth Saturdayafter school, hostellers will be allowed to visit their parents, local guardians with prior permission of Principal.  Obtaining gate pass with Principal's permission will be compulsary for going out of school/ hostel.  If the parents are applying for long leaves for their children then a written application or mail from an authorised mail id have to sent to Principal for permission before hand.  Entry and exit will not be allowed after 6:30 pm. Entry and exit will only be permitted after 6:30 pm on medical conditions or emergency only.
2	Every Second Saturday and fourth Saturdayafter school, hostellers will be allowed to visit their parents/local guardians with prior permission of Principal.  Obtaining gate pass with Principal's permission will be compulsary for going out of school/ hostel.  If the parents are applying for long leaves for their children then a written application or mail from an authorised mail id have to sent to Principal for permission before hand.  Entry and exit will not be allowed after 6:30 pm. Entry and exit will only be permitted after 6:30 pm on medical conditions or emergency only.  Timing to watch TV will be 9:00 pm to 10:00 pm ( working days), 10:00 am to 12:00 noon and 8:30 pm
1 2 3 4	If the child is taking any kind of medicine, original hard copy of the prescription is must to be provided  RULES REGARDING HOSTEL TIMINGS, LEAVES etc  Every Second Saturday and fourth Saturdayafter school, hostellers will be allowed to visit their parents/local guardians with prior permission of Principal.  Obtaining gate pass with Principal's permission will be compulsary for going out of school/ hostel.  If the parents are applying for long leaves for their children then a written application or mail from an authorised mail id have to sent to Principal for permission before hand.  Entry and exit will not be allowed after 6:30 pm. Entry and exit will only be permitted after 6:30 pm on

completeing the hostel admission formalities i.e. by filling in the requisite the details indicated.

То,			
The Principal,			
I/We request you to kindly provide hoste	el facility to my s	on	
Class I/we have ca	refully gone thro	ugh all the rule	es and regulations of the school and hostel
and agree to abide by the same. I/We als	•	t I/we will abio	de by all the amendments in the rules and
If my child fails to abide by the rules and	regulations of th	e school and h	ostel school management will be free
to cancel the hostel facility of my child in	nmediately.		
Father's Name:		Mother's N	ame:
Father's Signature:		Mother's S	gnature:
Date:		Date:	
	<u>DECLARA</u>	ION BY PAI	RENTS
I AGREE IF MY CHILD FAILS TO ABIDE BY MANAGEMENT WILL BE LIABLE TO CANC			CHILD AT THE SAME TIME.
Signature of Father/Guardian			Signature of Mother/Guardian
	PRINC	IPAL'S REMAR	K
DATE			Signature
Academic Year:	Date of Adm	ssion:	Admission No.:
FILE NO.:	DAT	E:	OFFICE INCHARGE'S SIGN