

Application for Admission in Class:\_\_\_\_\_

## **DELHI PUBLIC SCHOOL DHALIGAON**

## REGISTRATION CUM ADMISSION FORM Session -2024-25

Latest Colour Passport size Photograph

(To be filled in by Parents/ Guardian in capital letters)

		TICK THE RELEVANT DETAIL									
		IOCL BGR									
		NON-IOCL									
1.	Name of the Child: Master/Miss										
2.	Date of Birth:										
2.	Date of Birtin.	Year Month Day									
		•									
3.	Age as on 1st April,	pril, 2024:YearsMonth/sDay/s									
4.	Aadhaar No of the Child (If available):										
••	Addition 140 of the child in available)										
5. PEN (Permanent Education No (If available):											
6	Catagoriu Conoval/ SC/ST/ODC/ Association										
6.	Category: General/ SC/ST/OBC/ Any other										
7.	Mother Tongue: 8. Nationality:										
•	Bartha Jablana	A4									
9.	Mother's Name:	Mrs									
		(i) Id no (only for IOCL employee):									
		(m) = 1									
		(ii) Educational Qualifications:									
		(iii) Profession/Designation:									
		(iv) Office Address (if employed):									
		Phone No(Whatsapp Contact)/Alternative no									
		(v) Aadhaar No									
		(vi) Email-ld									
10.	Father's Name:	Mr									
		(i) Id no (only for IOCL employee):									
		(., (om) for foot employee,									
		(ii) Educational Qualifications:									
		(iii) Profession/Designation:									
		(iii) FTOTESSION DESIGNATION:									
		(iv) Office Address (if employed):									
		Phone No (Whatsapp Contact)/Alternative no									
		(v) Aadhaar No									
		(vi) Email-Id:									

11	•	Residential Address:												
		Pho	ne no(P&T)_			Ir	_Int.Com			Mobile No:				
12	•	Permanent Address:												
13		Pre	vious Acader	nic Rec	ord-Marks	s/Grade	obtaine	ed (If appli	cable) :					
		SI. No	Session	Class	English	Hindi	Math	Science	S. St.	Other	% of marks or grade			
14		Par	ticulars of Br	others/	Sisters of	the chi	ld (If stu	dying at D	PS Dhali	igaon):				
	SI.		ame					Age	Class in which the sibling is studying					
									'					
	FOR USE IN HR DEPARTMENT, IOCL BGR  This is to certify that the information furnished in SL .No 1,2,3,9 & 10 is correct .													
	D	date:				Authorised Signatory of								
					HR Department ,IOCL BGR									
		Date:					Signature of Parent/Guardian							
	Name in Full:													
							Relationship							
						F	OR OFFI	CE USE						
Ad	lmit	ted t	o Class		Section:		Admis	sion No						
Sig	gnat	ure c	of I/C, Admiss	sion: _										
Pri	incip	oal: _												