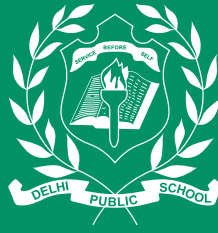


Managed by:

CG | EDUCATION



Delhi Public School, **Birgunj**

Chainpur-4, Parwanipur, Bara, Nepal
Phone: +977 (051) 411067, 411069, 411070,
E-mail: dpsbirgunj@cgeducation.com.np
www.dpsbirgunj.com

Application For Admission

FOR OFFICIAL USE ONLY

Registration Number :

Programme:

CBSE Board

SEE Board

PHOTO

CHILD'S PERSONAL INFORMATION

(Please print clearly with black ink in BLOCK letters)

Name (English):

First Name

Middle Name

Sur Name

Name (Devnagari):

First Name

Middle Name

Sur Name

Gender:

Female

Male

Nationality:

Date of Birth BS:

Day

Month

Year

Date of Birth AD:

Day

Month

Year

Mother Tongue:

Language(s) Commonly Spoken at Home:

Permanent Address:

House No.

Area Name

Ward No.

Local Level

District:

Province No.:

Country:

Mailing Address:

House No.

Area Name

Ward No.

Local Level

District:

Province No.:

Country:

Contact Phone:

E-mail:

Current Grade:

Applying to Grade:

Applying to +2:

Science

Commerce

CHILD'S MEDICAL INFORMATION (MANDATORY)

(Please submit a copy of Blood Group Certificate and Vaccination Record of the applicant)

Height (cm):

Weight (kg):

Blood Group:

Child's Vaccination Record: (Please check if the child is vaccinated & write if any vaccination record is missing from the list below)

DPT

BCG

Hepatitis-B

MMR Polio

Tetanus

Other

Indicate name and address of child's primary physician or other health care provider (if any):

Name:

Telephone:

Address:

List any physical limitations or health problems of your child including allergies, special medications/diet, physical impairments, eye- sight problem, hearing difficulty, etc.

Mother's Name:

Occupation: Self Employed Government Service Private Organization Service
NGO/INGO Others



Designation:

Annual Income (NRs.):

Name of the Organization:

Address of the Organization:

Office Phone:

Residence Phone:

Mobile Phone:

E-mail:

IN CASE OF EMERGENCY CONTACT

First Emergency Contact:

Name:

Address:

Relation to the Child:

Office Phone:

Residence Phone:

Mobile Phone:

E-mail:

Second Emergency Contact:

Name:

Address:

Relation to the Child:

Office Phone:

Residence Phone:

Mobile Phone:

E-mail:

GIVE US YOUR VIEWS ON THE FOLLOWING AREAS

Your Views on Education:

Your Views on Discipline :

Which aspect of his/her present school does the child enjoy the most?

Why do you want your child to study at DPS?

We understand and accept that all the information provided in this application is correct, complete and honestly presented.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Application No.:

Date of Registration:

Entrance Date:

Closet Vehicle Stop:

Meal Plan:

Authorized Signature: _____ Date: _____ Office Stamp:

DOCUMENT CHECKLIST

Copy of child's birth registration certificate

Four Recent passport size photographs

Copy of child's report card of the last grade/exam attended

Copies of parents's citizenship certificates/passports (for foreign nationals, passport copy with valid visa)

Location Map



Delhi Public School, Birgunj

Chainpur-4, Parwanipur, Bara, Nepal

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TRANSPORTATION REQUISITION FORM

Type of Transportation required: One Way Two Way

I wish to apply for transportation facility for my child from the following address:

Pick up Point:

Drop off Point:

(Please attach a map for the pick up/drop off point)

Does your child have a special travel requirement or travel troubles? If yes, please explain in details:

MEAL REQUISITION FORM

I wish to apply for following meal plan for my child/children:

Plan A: (Lunch / Snacks)

Plan B: (Lunch)

Type of meal required: Vegeterian Non-Vegeterian Both

Note: Lunch / Snacks for Grade I is compulsory

Signature of Parent/Guardian: _____

Date: _____



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ADMISSION CARD FOR ENTRANCE EXAM 20.....

Name of the Candidate:

Roll No.:

Application No.:

Date of Entrance:

Test Timing:

Authorized Signature: _____