



DRONACHARYA PUBLIC SCHOOL

Managed by : Dronacharya Educational Trust

Registration form Session : 2024-2025

Dear Sir/Madam

I hereby apply for registration of my son/daughter to Class _____ in your institution.

To be filled by parent in Block Letters only

Name of the Student

In Block Letters

Date of Birth
Attach D.O.B. Proof

Gender
(Male/Female)

Father's/Guardian's Name

In Block Letters

Educational Qualification Annual Income

Office / Works Address

Phone No.

email

Mother's Name

In Block Letters

Educational Qualification Annual Income

Office / Works Address

Phone No.

email

Permanent Home Address

Phone

Category Cast

SC/ST/BC/OBC/General

Name of the School Last Attended

Class Year Grade/Percentage% Medium of Instruction

Level of the School Recognised by (Name of the Board)

Play school/Secondary
Sr. Secondary

Particulars of Student's Real Brother Sister Studying

a. Name _____ Class _____

b. Name of School/Institute (with Address) _____

a. Name _____ Class _____

b. Name of School/Institute (with Address) _____

I declare the particulars given above are true to the best of my knowledge and nothing has been concealed there from.

Signature of Parent / Guardian

Principal's Signature

UNDERTAKING

I hereby declare that the particulars given are true to the best of my knowledge and nothing has been xxxxxxxxxx from. I undertake to abide by the rules and regulations of the institutions laid down from time to time and pay all the school dues of my son/ward on time and called upon to do so I also undertake responsibility to the good conduct of my ward in the school.

Date _____

Signature of Parent/Guardian

ADMISSION TEST REPORT

Test held on _____

Marks Obtained : Hindi _____ English _____ Science _____

Checked by : (Name) _____

Signature _____ Principal's Signature _____