



DURGAPUR PUBLIC SCHOOL

CBSE Affiliation No.-2430110 School No. 56058
Co-Educational English Medium Senior Secondary School
P.O.-BEKIDANGA, P.S.-ITAHAR, DIST.-UTTAR DINAJPUR,-733124. (W.B.)
www.durgapurpublicschool.com

Education for
the New Millennium
e-mail.dps.raiganj@gmail.com

ADMISSION FORM

Resident Day-boarder

Instruction to Parent / Guardians :
Fill out only the fields marked with a asterisk. The
rest will be filled out by the Admission Officer.

Transportation requirement

For Admission in Class

Accademic Session
20.....20.....

Form No Form Issue Date

Admission Date

Section

Passport size
colour photo

Student ID No.

* Student's Surname's/Title (BLOCK LETTERS)

*Gender M F

*Blood Group

Date of Birth (dd-mm-year)

*Nationality

Religion

*Caste
SC ST OBC General

*Name of Institution previously attended

*Class

* Father's Name (BLOCK LETTERS)

*Occupation

*Contact No

* Mother's Name (BLOCK LETTERS)

*Occupation

*Contact No

* Present Address *Permanent Address

*Home Phone No.

*E-mail Address

DECLARATION

I hereby declare that I am the parent/legal guardian of the applicant and that the facts stated here in are true to the best of my knowledge and believe I like wish declare that I have carefully gone through the school prospectus and have read the Fundamental contract and policies stated therein and fully agree to abide by them, pay the fees in advance and settle outstanding account brought to attention promptly once my child/ward is accepted for admission

.....
*Date *Place *Name of Parent / Legal Guardian *Signature



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SPECIMEN SIGNATURE FORM

Instruction :

Two sets of boxes for specimen signature are provided below for student's father and mother. Signature on any school-related document will be matched with any of the signatures appearing in each of the given boxes to ensure that a particular signature on a school-related documents genuine. A copy of this form must be kept for one's own reference.

Student's Name :

.....Class.....

Father's Name In full :

Mr.....

Father's Signature (1)	Father's Signature (2)	Father's Signature (3)

Mother's Name In full :

Mrs.....

Mother's Signature (1)	Mother's Signature (2)	Mother's Signature (3)



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Memorandum of agreement

An Agreement executed by the parent / guardian of a pupil at the DURGAPUR PUBLIC SCHOOL, Vill.-Bekidanga, P.S.-Itahar, Dist -Uttar Dinajpur 733134 West Bengal.

1. An Agreement is executed at Itahar, Uttar Dinajpur on.....between.
 - A) Mr / Mrs.....(herein after called the "GUARANTOR", which expression shall unless excludes by the context or the meaning Thereof, be deemed to include his/her heirs, executors, administrators and legal representatives of the FIRST PART and DURGAPUR PUBLIC SCHOOL
 - B) The Board of Governors of DURGAPUR PUBLIC SCHOOL Herein after called the Board which expression shall, unless excluded by the context of the meaning there of, be deemed to be represented by the Principal / Vice Principal of the DURGAPUR PUBLIC SCHOOL at the SECOND PART
2. Whereas.....Enrotement No.....Son/daughter/ward of the guarantor, and has all the request at the Guarantor been selected for admission to the DURGAPUR PUBLIC SCHOOL for the purpose of receiving education inter alia, on the Terms and Conditions herein after appearing.
3. Now it is hereby agreed by and between the parties here to as follows :
 - a) That in consideration of the student being admitted by the Board to D.P.S for the purpose of the aforesaid education at the request of the guarantor, covenants with the Board that the student will attend the DURGAPUR PUBLIC SCHOOL regularly and will observe and comply with all the rules and regulations there of for the prescribed period, and that he/she, the guarantor shall pay to the Board fees and other expenses regularly and promptly and whenever called upon to do so by the school from time to time.
 - B) That the said student has been admitted on the understanding that his/her first year is probationary and that he/she will be required to leave the school at the end of the 1st year if the Principal is of the opinion that his/her capability and attainment do not reach the standard specified as requisite for admission.
 - C) That the placing of the student in different forms like Section / House/Dormemitories will be at the sole discretion of the Principal/Vice-Principal.
 - D) That the Principal / Vice Principal can at any time, in the interest of the school, have the student removed from the school, If in the Principal's/Vice Principal's opinion, the student has failed to accept the disciplinary standard and abide by the Rules and Regulations of the school from time to time and his or her continued presence is detrimental to the interest of the other students/school/and/orthe student persistently and will fully fails to come up to the academic standard of his / her class and when detention in same class would make the student too old for his / her class.
 - E) That no amount will be refunded if the said student is required to leave the school during any term/time for any reason except as indicated in the current prospectus of the school.
 - F) That the Board or any one of the school, will not be liable for any damages/charges on account of any injury fatal or otherwise. which may be sustained by the student at any time during his / her stay in the school while taking part in studies, sports co-curricular activities or any form of activity of the school organised or otherwise, within or outside the school premises. The expenses incurred in any treatment of such injures will be borne by the parent/ guardian, and the school shall not be responsible and liable for any expenses / compensation.
 - G) That the student is admitted to the Hostel within the school campus with the specific understanding that all the Rules and Regulations prescribed by the Housemaster / Mistress / Warden / Hostel Assistant / Principal / Vice Principal and Teaching / non Teaching Staff shall be binding on the student and the student shall abide by all such and regulations at all times.
 - H) That if there is any dispute at to the effect or meaning of these presents or in any way touching or arising out of these presents, the same shall be referred to the sole arbitration of the Board of Governors, whose decision shall be final and binding.
 - I) And that this Agreement shall be valid so long as the ward.....in on the active rolls as a student of DURGAPUR PUBLIC SCHOOL.
4. In witness where of.....has set his / her hand and the Principal/Vice Principal by the order and direction of the Board of Governors, D.P.S has set his / her hand the day and year written below.

.....
Signed and delivered by the Guarantor
At.....on.....
In the presence of)witness)
.....

Address.....
.....
.....

.....
Signed and delivered by the Principal
DURGAPUR PUBLIC SCHOOL, Itahar, Uttar Dinajpur, W.B.
At.....on.....
In the presence of)witness)
.....

Address.....
.....
.....

MEDICAL INFORMATION FORM

To be filled in and counter signed by a Registered/Medical Practitioner, and submitted at the time of admission.

* Student's Name (BLOCK LETTERS)

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Date of Birth (DD-MM-YEAR)

--	--	--	--	--	--	--	--

AGE (During month of admission)	
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Gender M <input type="checkbox"/>	F <input type="checkbox"/>
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Weight (Kgs.)	
---------------	--

Height (m)	
------------	--

Blood Group	
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Has the Child ever suffered from any of the following ? If yes, give approximate date

1 Chicken Pox	Small Pox	Measles
Whooping Cough	Geman Measles	Typhoid
Diphtheria	Polio	Mumps

Any other allment/disease/allergies to penicillin, sutphur, particular drug, Food item etc (Provide details)

2 Rheumatic Condition	Bed Wetting	Dysentery
Heart Condtion	Fits/Colvulsion	Worms
Mental Condition		
Details of any minor or major surgery		

3. Give the condition of the following

Ear	Nose
Eyes	Throat
Power of spectades	
Left	Right

4. Has the child or any of the parents suffered from (Y/N):

Leucoderma	Diabetes	Asthma
Allergy	Leprosy	

1, Immunisation (Give approximate dates if YES)

Small Pox-Primary	YES <input type="checkbox"/>	No <input type="checkbox"/>	Cholera	YES <input type="checkbox"/>	No <input type="checkbox"/>
Triple Antigen	YES <input type="checkbox"/>	No <input type="checkbox"/>	Polio	YES <input type="checkbox"/>	No <input type="checkbox"/>
Revaccination	YES <input type="checkbox"/>	No <input type="checkbox"/>	Tuberculosis	YES <input type="checkbox"/>	No <input type="checkbox"/>
Typhoid	YES <input type="checkbox"/>	No <input type="checkbox"/>	Hepatitis	YES <input type="checkbox"/>	No <input type="checkbox"/>

Any other Information about the childs : _____

Parent's Signature

Date

Registered Medical Practitioner (with stamp)