

**DELHI PUBLIC SCHOOL**

**NUMALIGARH**

**HOSTEL ADMISSION FORMS**

YEAR OF ADMISSION \_\_\_\_\_

CLASS \_\_\_\_\_

NAME \_\_\_\_\_

HOSTEL NO. \_\_\_\_\_



DELHI PUBLIC SCHOOL  
NUMALIGARH

**HOSTEL ADMISSION FORM**  
(TO BE FILLED IN BLOCK LETTERS)

Class/ section \_\_\_\_\_

Admission No. \_\_\_\_\_

Date of Admission \_\_\_\_\_

Name of the Students \_\_\_\_\_

Name of Parent \_\_\_\_\_

Address (Resi.) \_\_\_\_\_

(Office) \_\_\_\_\_

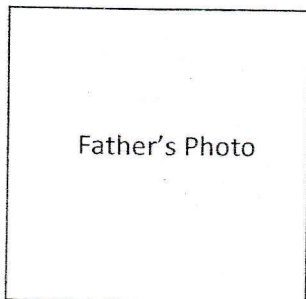
Tel. No. \_\_\_\_\_

Mobile \_\_\_\_\_

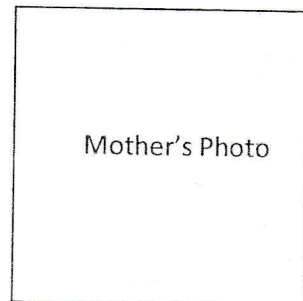
E mail : \_\_\_\_\_

Contact person's name & phone no in Case of Emergency : \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_



Father's Photo



Mother's Photo

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date:

Place:

DELHI PUBLIC SCHOOL  
NUMALIGARH

PARTICULARS OF LOCAL GUARDIANS

The following individuals are authorized to act as Local Guardians for my ward

Master / Miss \_\_\_\_\_

The photographs of the local guardians duly attested are pasted below :

1. Name : \_\_\_\_\_

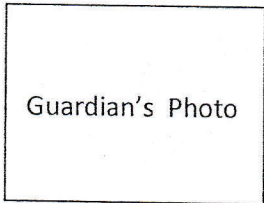
2. Address (Res.) \_\_\_\_\_

\_\_\_\_\_  
(Office) \_\_\_\_\_

Tel. No. \_\_\_\_\_

Mobile \_\_\_\_\_

E mail : \_\_\_\_\_



3. Relationship with the student \_\_\_\_\_

Signature of Parent

Signature of the Local Guardian

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1. Name : \_\_\_\_\_

2. Address (Res.) \_\_\_\_\_

\_\_\_\_\_  
(Office) \_\_\_\_\_

Tel. No. \_\_\_\_\_

Mobile \_\_\_\_\_

E mail : \_\_\_\_\_



3. Relationship with the student \_\_\_\_\_

Signature of Parent

Signature of the Local Guardian

UNDERTAKING

I, \_\_\_\_\_  
father of \_\_\_\_\_ Class \_\_\_\_\_  
hereby undertake not to claim hostel fee paid by me in respect of my ward, in the event of  
my withdrawal or (expulsion or rustication from the hostel on disciplinary grounds by school  
authorities).

I further undertake to pay the hostel fee and all dues as per the schedule announced by the accounts  
department.

Date \_\_\_\_\_ Signature \_\_\_\_\_

NAME IN BLOCK LETTERS \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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UNDERTAKING FROM LOCAL GUARDIANS

I, local guardian of Master/Miss \_\_\_\_\_ of class \_\_\_\_\_

Sec. \_\_\_\_\_ hereby give an undertaking that in case of any sickness particularly any infectious  
disease or any emergency, it will be my responsibility to keep the ward with me for the period directed by  
the school authorities.

1) \_\_\_\_\_  
Signature of local guardian

2) \_\_\_\_\_  
Signature of local guardian

\_\_\_\_\_  
Name (IN BLOCK LETTERS)

\_\_\_\_\_  
Name (IN BLOCK LETTERS)

**CERTIFICATE FROM PARENTS**

This is to certify that:

1. (i) My son/daughter \_\_\_\_\_

Is not in possession of any valuables, jewellery, etc. I also undertake that no cash will be given to the ward by me or by local guardians.

- (ii) Master/Miss \_\_\_\_\_

Permitted to participate in all extra & co-curricular activities and excursions to be decided at the discretion to the Principal.

- (iii) I agree to bear additional expenditure which may be debited to my wards individual account.

2. I, hereby indemnify the school against any damage, sickness, accident, death caused to my ward during his/her stay in the Delhi Public School, Numaligarh Hostel on account of any mishap that may be caused inadvertently.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Place: \_\_\_\_\_

Name \_\_\_\_\_

(IN BLOCK LETTERS)

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**DIET OPTION FORM**

Name of the pupil \_\_\_\_\_

I wish my child to have the following diet while he/ she is in the hostel. This diet will not change for the entire academic session.

**BREAKFAST**

EGG / FRUIT

**DINNER :**

EGG / PANEER

CHICKEN / PANEER

MUTTON / PANEER

Signature of the Parent/Legal Guardian \_\_\_\_\_

Please note that the diet opted for will be applicable for the entire academic year. No changes will be accepted till the next session.

**MEDICAL FITNESS CERTIFICATE**  
(to be signed by a Registered Medical Practitioner)

1. Name of the Student : .....
2. Father's/Guardian's Name : .....
3. Date of Birth : ..... 4. Blood Group .....
5. Class Admitted to : ..... 6. Session : .....

- It is important in both the student's & the school's interest that exact and detailed information is given to further facilitate the student's health and stay.

(FOR DOCTOR'S USE ONLY)

I hereby certify that I have thoroughly examined Master/Miss.....  
.....son/daughter of .....

And found him/her fit for normal school life. I have particularly given a skin examination and certified that he/she is not suffering from Ringwormk/scabies/Measles/Chickenpox or any transmittable disease. To my best knowledge and belief that he has not during the last thirty days suffered from or been exposed to any infection or contagious disease.

I also certify that he/she is medically fit and has no allergies. He/she has not suffered from any acute/chronic disease which needs Medical Supervision

Further remarks of the Doctor:.....

Signature of the Doctor :

Name in block letter :

Qualifications :

Indian Medical Council Number :

(Seal & Stamp)

Date :

Note :

1. Original to be kept by lthe school Authorities
2. Xerox copy should remain with the parent.

**MEDICAL HISTORY OF THE CHILD**

I, \_\_\_\_\_ Father / Mother/ Local Guardian of  
\_\_\_\_\_ student of Class \_\_\_\_\_  
sec. \_\_\_\_\_ Admission No. \_\_\_\_\_ hereby confirm that my child/ ward is  
suffering from / not suffering from :

- a) Allergy to any item/drug
- b) Epilepsy
- c) Bronchial Asthma / Bronchospasm
- d) Skin disease
- e) Eye / ENT problem
- f) Any surgery undergone.
- g) Any other diseases for which the child is on regular medication, or has been on medication for more than one month.

Date: \_\_\_\_\_ Signature of Parent / Guardian

(Parents to note that concealing medical history of their ward may result in his/her expulsion from hostel)

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**IMMUNISATION CERTIFICATE**

(To be certified by a Registered Medical Practitioner / Attach a copy of Vaccination Certificate)

Certified that Master/Miss \_\_\_\_\_ has been  
immunized against :

- 1. TAB on \_\_\_\_\_ (Injection/Oral Caps)
- 2. Injection against Hepatitis B
  - (i) 1<sup>st</sup> dose on \_\_\_\_\_
  - (ii) 2<sup>nd</sup> dose on \_\_\_\_\_
  - (iii) 3<sup>rd</sup> dose on \_\_\_\_\_

This is to certify that the above vaccines have been given under my personal supervision on dates mentioned against each vaccine.

Signature of the Doctor \_\_\_\_\_

Name in Block letters \_\_\_\_\_

Indian Medical Council Number \_\_\_\_\_



Date :