



DELHI PUBLIC SCHOOL

Rewari road, MAHENDRAGARH, Haryana
E-Mail: dpsmahendragarh@gmail.com
Telephone No: 01285 221621, 9466627634

ENTRANCE TEST

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REGISTRATION FORM: 2024-25

Admission No

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1. Name of the Child :
2. Father's Name & Profession :
3. Mother Name :
4. Date of Birth :
5. Gender :
6. Category (Gen / OBC / BC-B / SC) :
7. Name of School the child is attending at present :
8. Studying in Class :
9. Applying for Class :
10. Contact No (Home & Emergency) :
11. Home Address :

Date :

(Signature of Parents)

RECEIPT

Registration Receipt No/2024-25, Amount _____/- , Date

Name of Child Father's Name

Studying in Class Applying for Class

Entrance test held on

Date :

(Signature of Accountant)