



# DEVASYA

## INTERNATIONAL PUBLIC SCHOOL

Nr. Srusti Lavis, Opp. Shyam Villa - II, Nr. Haridarshan Cross Road, Nikol Naroda Road,  
Nicol, Ahmedabad. Ph.: 079 - 6525 2800, 6525 2801, +91 81287 81777  
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Form No. : \_\_\_\_\_

### APPLICATION FOR ADMISSION

#### STUDENT'S INFORMATION

Surname : \_\_\_\_\_ First Name : \_\_\_\_\_

Middle Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Recent School : \_\_\_\_\_ Location : \_\_\_\_\_

Current Standard : \_\_\_\_\_ School Affiliation : GSEB  CBSE  CISCE  Any Other : \_\_\_\_\_

Std. Applied for : \_\_\_\_\_ Medium : \_\_\_\_\_

Nationality : \_\_\_\_\_

Religion : \_\_\_\_\_ Caste : \_\_\_\_\_

(SC/ST/OBC including Baxi Panch-declare with authentic document ) if applicable.

#### CONTACT INFORMATION

Residential Address : \_\_\_\_\_

Country : \_\_\_\_\_ State : \_\_\_\_\_ City : \_\_\_\_\_ Pin Code : \_\_\_\_\_

Phone No. (O) : \_\_\_\_\_ Phone No. (R) : \_\_\_\_\_ M.: \_\_\_\_\_

Correspondence Address : (If different from the residential address) \_\_\_\_\_

Country : \_\_\_\_\_ State : \_\_\_\_\_ City : \_\_\_\_\_ Pin Code : \_\_\_\_\_

#### FOR OFFICE USE

Std. : \_\_\_\_\_

Medium : \_\_\_\_\_

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

Admission Fees : \_\_\_\_\_

Documents : L.C.

Birth Certi.

Result

Photo

Others

Transportation : Yes

No

## FAMILY INFORMATION

Father's Name : \_\_\_\_\_ Age : \_\_\_\_\_

Education : \_\_\_\_\_ Occupation : Business  Service

Specify (Product) : \_\_\_\_\_

Organization : \_\_\_\_\_ Designation : \_\_\_\_\_

Business Address : \_\_\_\_\_

STD Code : \_\_\_\_\_ Phone No. (O) : \_\_\_\_\_ (R) : \_\_\_\_\_

Mobile : \_\_\_\_\_ Fax : \_\_\_\_\_

E-Mail : \_\_\_\_\_ Annual Income : \_\_\_\_\_

## LOCAL GUARDIAN :

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Pin Code : \_\_\_\_\_

Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_

## STUDENT'S OTHER INFORMATION

General Health : Excellent  Good  Fair  Poor

Any specific diseases ? Please specify \_\_\_\_\_

Areas of Interest : (For e.g. : Music, Dance, Cricket, Yoga, Writing, etc.) \_\_\_\_\_

How would you rate your child? : Active  Hyperactive  Lethargic

Languages known : (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

## DECLARATION

### We declare that :

- 1) The information furnished in the application form is true and correct to our knowledge.
- 2) We shall abide by the school's rules & regulations now or introduced in future.
- 3) We undertake to meet all financial responsibilities in time regarding the study of our child in the school.
- 4) We have not hidden or wrongly interpreted any information in this Admission Form.

Father's Sign. : \_\_\_\_\_

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

Mother's Sign. : \_\_\_\_\_

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

Guardian's Sign. : \_\_\_\_\_