



## DELHI PUBLIC SCHOOL TAPI

AFFILIATION NO. 430135

SCHOOL CAMPUS: Dandi Jahangirabad Road, Village Veluk, Narthan Patia, Surat 395 005.

ADMIN OFFICE: Poonam Palace, Athwa Lines, Near Narmad Library, Surat – 395 007

Reception Tel: 2204591, 2204592, 9662048973 Transport: 9998604846

Email: info@dpstapi.net principal@dpstapi.net

### 13.07.2018 Communication from Delhi Public School Tapi

**Dear Parent / Authorised Guardian of Class IX**

Please complete and submit the **DPS Tapi Data Verification Form and ECS Consent for CBSE Registration Fee for All India Secondary School Examination (AISSE)** of your ward and submit it as directed. All individual data including Aadhar Card Number should be complete, accurate and final.

**Your personal confidential information will be used only for CBSE AISSE registration of your ward.**

#### Directions for submitting the DPS Tapi CBSE Data Verification Form

1. Check all data in Section A of the form.
2. In case of any discrepancy in data, bring original documents as evidence along with the Data Verification Form and Candidate Photographs to school, with prior appointment and before the last date of submission.
3. Tick (☑) and complete (in BLOCK CAPITALS) all data in Section B of the form.
4. Enclose self-attested photocopies (as applicable) of medical disability / caste certificates issued by government agency.
5. Tick (☑) Section C and enclose 03 black and white passport-size photographs of the student in school uniform.
  - Photographs should be taken in the current month and year.
  - Name of the student and the date should be printed on each photograph.
6. Sign Section D Declaration to confirm all data correct.
7. Sign Section E as Consent for ECS for exact amount of AISSE Registration Fee to be specified for the current year by CBSE.
8. The completed and confirmed form along with all enclosures should be submitted to the Class Teacher in a sealed envelope with the student's name and admission number, latest by Saturday, 21 July 2018.

Dr. Sanjukta Sivakumar  
Principal



## **DPS Tapi CBSE Data Verification Form**

(All data as in Transfer Certificate & Admission Data submitted by you)

<b>A. <u>Data in School Records</u></b>		
Candidate's Name (English):		
Candidate's Name (Hindi):		
Adm. No.:	Sex:	Date of Birth:
Candidate's Aadhar Card Number:		
Father's Name (English):		
Father's Name (Hindi):		
Mother's Name (English):		
Mother's Name (Hindi):		
Guardian's Name (English):		
Guardian's Name (Hindi):		
Address for Communication:		

<b>B. <u>Data to be filled in by Parent</u></b>
1) <u>Total Annual Income of Father and Mother:</u> Rs. (in figures): Rupees (in words):
2) <u>Caste of Candidate:</u> <div style="text-align: center;"><input type="checkbox"/> General      <input type="checkbox"/> *BC      <input type="checkbox"/> *OBC      <input type="checkbox"/> *SC      <input type="checkbox"/> *ST</div> <p style="text-align: center;">*Self-attested photocopy of BC/OBC/ SC/ST Certificate of Government Issue in the <u>Candidate's Name</u> enclosed for verification against original document.</p>
3) <u>Is the Candidate an Only Child?</u> <input type="checkbox"/> No <input type="checkbox"/> Yes
4) <u>Does the Candidate belong to a Minority Community?</u> <div style="text-align: center;"><input type="checkbox"/> No    <input type="checkbox"/> Muslim    <input type="checkbox"/> Christian    <input type="checkbox"/> Sikh    <input type="checkbox"/> Parsi    <input type="checkbox"/> Jain    <input type="checkbox"/> Buddhist</div>
5) <u>Does the Candidate have Blindness, Dyslexia, Autism, Spasticity or Physical Handicap?</u> <div style="text-align: center;"><input type="checkbox"/> No <input type="checkbox"/> Yes. <u>Medical Certificate issued by Medical Officer of rank not less than Assistant Surgeon in Govt. Hospital enclosed.</u></div>
6) <u>Contact Mobile No:</u>
7) <u>Contact Email (BLOCK CAPITALS):</u>

***Contd...***

C. Three Black and White Passport-size Photographs of the Candidate in school uniform clicked in current month with Name and Date printed on photographs received.



To be ticked & signed by Class Teacher

**D. Declaration of Confirmation of Data**

I have thoroughly checked all the details as above filled in for CBSE registration and examination in respect of my ward. I hereby confirm that the data stated above with regard to my ward, is verified by me as accurate with no error. The same may be uploaded to the CBSE website, with no further modifications in future, for the registration and examination of my ward. I have also filled details required in Hindi/Regional Language. I would not request for any change in the details filled in the CBSE Examination form of my ward such as Date of birth / Candidate Name / Mother's name / Father's name and all other data as given above. If any mistake in student credential is detected before/after declaration of result, I will solely be held responsible for the same.

Signature of Father (Mr. Name): .....

Signature of Mother (Ms. Name): .....

Signature of Candidate (Name): .....

Signature of Class Teacher (Ms. Pallavi Patel/Asha Joshi): .....

Signature of School Principal (Dr. Sanjukta Sivakumar): .....

School Seal with Address & Affiliation Number:

Date: .....

**Note:** This form is to be preserved by the school for purpose of verification by CBSE at any stage.

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**Parental Consent for CBSE AISSE Registration Fee for Class IX 2018**

An ECS of the Registration Fee for AISSE as specified by CBSE may be generated on my account before the last date of CBSE registration for my ward:

**Student Name:**

**Adm. Number:**

**Class: IX-A/IX-B**

**ECS Amount for CBSE Registration Fee: Rs. ....**

**ECS Date: ....**

To be filled as per CBSE Notification

**Parent Name: .....**

**Sign: .....**