



| APPLICANT'S DETAILS | |
|---|--|
| FULL NAME (First, Middle, Last) | |
| DATE OF BIRTH (DD/MM/YY) | |
| PLACE OF BIRTH | |
| AADHAAR NO. | |
| CLASS APPLYING FOR (CLASS 7 OR 8) | |
| PRESENT SCHOOL DETAILS (School Name, Address and Telephone) | |
| OTHER SCHOOL DETAILS ATTENDED SINCE AGE 5 | |
| IS THE CHILD ALREADY REGISTERED FOR THE ADMISSION TEST IN OCTOBER? IF YES, PLEASE MENTION HIS REGISTRATION NUMBER WHICH IS DS/..... | |
| CONTACT EMAIL ID (TO BE USED FOR COMMUNICATION FROM SCHOOL) | |

PARENTS' INFORMATION

| FATHER'S DETAILS | |
|----------------------------|--|
| FULL NAME | |
| PROFESSION | |
| EDUCATIONAL QUALIFICATIONS | |
| ANNUAL INCOME | |
| PAN NUMBER | |
| PERMANENT ADDRESS | |
| PHONE | |
| EMAIL ID | |
| SIGNATURE | |



| MOTHER'S DETAILS | |
|----------------------------|--|
| FULL NAME | |
| PROFESSION | |
| EDUCATIONAL QUALIFICATIONS | |
| ANNUAL INCOME | |
| PAN NUMBER | |
| PERMANENT ADDRESS | |
| PHONE | |
| EMAIL ID | |
| SIGNATURE | |

INCASE OF NO PARENTS- GUARDIAN DETAILS

| | |
|-----------------------------|--|
| RELATION WITH THE APPLICANT | |
| NAME | |
| PROFESSION | |
| ANNUAL INCOME | |
| PAN NUMBER | |
| PERMANENT ADDRESS | |
| EMAIL | |
| PHONE | |
| SIGNATURE | |

UNDERSTANDING

I understand that the registration of my son/ward does not guarantee admission to the School and the registration fee is neither transferable nor refundable.

I understand that if my son/ward requires scholarship then he shall have to clear the Doon School Scholarship Exam to be eligible for receiving scholarship/financial aid.

Signature:

Name:

Relationship to Boy:

Date:

FOR OFFICE USE ONLY

| | | |
|-----------------------------|--|---------|
| APPLICATION RECEIVED ON | | REMARKS |
| DSSE REGISTRATION NUMBER | | |
| NOTES (for office use only) | | |