



DELHI PUBLIC SCHOOL TAPI

GUARDIAN DATA FORM

ADM NO _____

STUDENT NAME _____

DETAILS OF GUARDIANS

RELATION _____

RELATION _____

NAME _____

RESIDENTIAL ADDRESS _____

DATE OF BIRTH _____

QUALIFICATIONS _____

OCCUPATION ☐ BUSINESS ☐ SERVICE ☐ PROFESSION

☐ BUSINESS ☐ SERVICE ☐ PROFESSION

NAME OF ORGANIZATION _____

DESIGNATION _____

SPECIALIZATION/ DEPARTMENT _____

OFFICE ADDRESS _____

PHONE (S) _____

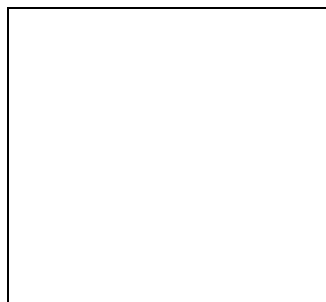
MOBILE NO. (FOR SMS) _____

EMAIL _____

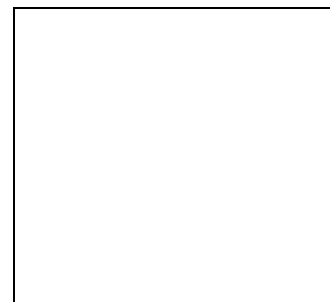
ID PROOF NO. (Copy to be attached) _____

SIGNATURE _____

SIGNATURE _____



RECENT PHOTOGRAPH



RECENT PHOTOGRAPH

FATHER SIGNATURE _____

MOTHER SIGNATURE _____

DATE _____