



# Delhi Public School Megacity, Kolkata

(An ISO 9001 : 2015 & 14001 : 2015 Certified School)

School Campus : Kalikapur, Dist. Rajarhat, North 24 Parganas, Kolkata -700135,

Ph. : 9073985529, 9073985530, 9073985531, 9836067424

## STUDENT ID CARD REQUISITION FORM

(This form should be properly filled by the parent / guardian in **BLOCK** letters only)

Please Note : 1. The processing and printing of ID cards will take at least **one month** from date of submission of requisition.

2. For change in Bus route please contact Transport Department before submission of this form.

### Student Details :

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

Class : \_\_\_\_\_ Section : \_\_\_\_\_ Roll : \_\_\_\_\_ Regn. No. :

Admission ID Number : DPSMK/ADM/ \_\_\_\_\_ / \_\_\_\_\_ Blood Group : \_\_\_\_\_

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

City : \_\_\_\_\_

State : \_\_\_\_\_ Pin :

Primary Contact No.: (i)           (ii)

SMS Alert No. :

Paste Stamp size photograph of **Student** in school uniform

(if a change is required)

### Aadhar Details : (Please attach photocopy of Aadhar Card)

Student Aadhar Number :

Father Aadhar Number :

Mother Aadhar Number :

Availing School Transport :

Yes

No

### Change required for : (please tick [✓] the appropriate box)

Address  Contact Number  SMS No.  Photo  Blood Group  Bus Route

Card Required : Both Cards  ID Card only  Escort Card only

I hereby declare that the above details furnished by me are true to my knowledge and belief.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent / Guardian : \_\_\_\_\_

### Transport Details : (To be filled by Transport Department)

Pickup Bus No. \_\_\_\_\_ Pickup Point : \_\_\_\_\_ Time : \_\_\_\_\_

Drop Bus No. \_\_\_\_\_ Drop Point : \_\_\_\_\_ Time : \_\_\_\_\_

Monthly Fee : \_\_\_\_\_ w.e.f. : \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks : \_\_\_\_\_ Signature with date

### Record Updation : (To be filled by EDP Department)

Updated / Verified :	Address	Contact No.	SMS No.	Blood Group	Transport	Photo	Aadhar No.

Temporary ID Card / Fee Slip issued to : \_\_\_\_\_ Signature with date

### FOR STUDENT CORNER USE ONLY :-

Received Amount Rs. : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Money Receipt No. : \_\_\_\_\_

Signature of Receiving Official : \_\_\_\_\_

### Accounts Department :

Received Amount Rs. : \_\_\_\_\_

Signature of Cashier : \_\_\_\_\_

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