



# 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/RECORD UPDATION FORM

Please  Tick Appropriate Box

- Only for record update  
 ID Card replacement required.

**(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 : _____	Gender : M <input type="checkbox"/> / F <input type="checkbox"/>	Paste Stamp size photograph of <b>Student</b> in school uniform  <i>(if a change is required)</i>
Class : _____ Section : _____ Roll : _____	Regn. No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Admission ID Number : DPSMK/ADM/ _____ / _____ Blood Group : _____		
Address : _____		
Locality : _____ Post Office : _____		
Police Station : _____ Municipality : _____		
District : _____ City : _____ State : _____		Pin : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Father Mobile No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SMS / WhatsApp No. :
Mother Mobile No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Student Aadhar Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Father E-mail ID : _____
Mother E-mail ID : _____

Availing School Transport :	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Regn. <input type="checkbox"/>	Cancel <input type="checkbox"/>
Route Change <input type="checkbox"/>	

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

Address  Contact Nos.  SMS No.  Photo  Blood Group  Transport  Other \_\_\_\_\_

**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. : ____/____/____		
Updated in Campus Care <input type="checkbox"/>	Remarks : _____	Signature with date _____

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

Updated / Verified :	Address	Contact Nos.	SMS No.	Blood Group	Gender	Photo	Aadhar No.	E-mail ID
<input type="checkbox"/>								
Entry in ID Card requisition Campus Care _____								Signature with date _____
_____/_____/202____								Order Date

### FOR STUDENT CORNER / RECEPTION USE ONLY :-

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

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

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

### Accounts Department :

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

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

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