



Delhi Public School Megacity, Kolkata

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

School Campus : Kalikapur, Rajarhat, North 24 Parganas, Kolkata -700 135
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JAN-'26

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 / F

Class : _____ Section : _____ Roll : _____ Regn. No. :

Admission ID Number : DPSMK/ADM/ _____ / _____ Blood Group : _____

Address : _____

Locality : _____ Post Office : _____

Police Station : _____ Municipality : _____

District : _____ City : _____ State : _____ Pin :

Father Mobile No.:

SMS / WhatsApp No. :

Mother Mobile No.:

Paste Stamp size photograph of Student in school uniform

(if a change is required)

Student Aadhar Number :

Father E-mail ID : _____

Mother E-mail ID : _____

Availing School Transport :

Yes No

Regn. Cancel

Route Change

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 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

____/____/202____
Order Date

Signature with 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 : ____/____/____