



**D.A.V. Public School**  
**Reserve Bank Enclave,**  
**Paschim Vihar,**  
**New Delhi-110063**  
**Phone : 25268020/45720427**

Registration No.-----

## REGISTRATION FORM

**Father**

**Mother**

**Child**

**FORM WILL NOT BE ACCEPTED WITHOUT BIRTH CERTIFICATE**

Registration for class : \_\_\_\_\_

Name of the Student : \_\_\_\_\_

Date of Birth :

Date	Month	Year

Age as on 31<sup>st</sup> March,2020 (In Words)

: \_\_\_\_\_

Sex :            Male      Female

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General

SC

ST

OBC

Others

### FATHER'S DETAIL

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

Qualification : \_\_\_\_\_

Occupation : \_\_\_\_\_

Organisation : \_\_\_\_\_

If Business (Specify) : \_\_\_\_\_

Address of Work Place : \_\_\_\_\_

\_\_\_\_\_

PAN No. : \_\_\_\_\_

Office Tel. No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

E-Mail address : \_\_\_\_\_

### MOTHER'S DETAIL

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

Qualification : \_\_\_\_\_

Occupation : \_\_\_\_\_

Organisation : \_\_\_\_\_

If Business (Specify) : \_\_\_\_\_

Address of Work Place : \_\_\_\_\_

\_\_\_\_\_

PAN No. : \_\_\_\_\_

Office Tel. No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

E-Mail address : \_\_\_\_\_

**Residential Address :** \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

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

Telephone Nos. \_\_\_\_\_

Is the school Transport required? Yes No  
 Medical Information : Does the child have some special needs ? Yes  No

If Yes, give details \_\_\_\_\_

Child who is physically challenged Yes  No   
 Single Parent Yes  No   
 Socially disadvantaged section: Schedule Cast  Schedule Tribe  OBC   
 Transfer Case Yes  No   
 (Both or either of the parents on transferrable job)

**PARAMETERS FOR ADMISSION**

i) Distance of Residence from School \_\_\_\_\_

0-3 Kms.  3-5 Kms.  Beyond 5 Kms

ii) First Child / Girl Child

iii) Sibling (Real brother / sister only)  
 [Tick as applicable] Yes  No

if sibling in the same school Sibling Name \_\_\_\_\_

Give details of sibling \_\_\_\_\_  
 Class-Section \_\_\_\_\_

iv) School Alumni  
 Tick as applicable if Yes, year of passing

i) Father	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii) Mother	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**SELF ATTESTED PHOTOCOPIES OF DOCUMENTS TO BE SUBMITTED :**

1. Date of Birth Certificate
2. Residence Proof
3. Addhar Card of the Child
4. Medical Form
5. Certificate in support of belonging to SC/ST/OBC (if applicable)
6. Proof of sibling (if applicable)
7. Proof of Alumni (if applicable)

**UNDERTAKING**

I \_\_\_\_\_ father/mother of \_\_\_\_\_  
 hereby declare that information given above by me is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false.

**Signature of Parents**

**General Instructions:**

Please attach original or photocopy of the school leaving certificate from the previous recognized school and attested birth certificate from municipal corporation / committee, without which the form will not be accepted.