



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 (In Words) : \_\_\_\_\_

Gender: Male Female

|  |  |
|--|--|
|  |  |
|--|--|

General ☐ SC ☐ ST ☐ OBC ☐ Others ☐

FATHER’S DETAILS

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

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

MOTHER’S DETAILS

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 ☐

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. Aadhaar Card of the :

☐ Child

☐ Father

☐ Mother

☐  
☐  
☐
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.