



Registration No.-----

REGISTRATION FORM

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

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 31st March (In Words) : _____

Gender:

Male Female

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General

SC

ST

OBC

Others

FATHER'S DATAIL

Name : _____

Qualification : _____

Occupation : _____

Organisation : _____

If Business (Specify) : _____

Address of Work Place : _____

PAN No. : _____

Office Tel. No. : _____

Mobile No. : _____

E-Mail address : _____

MOTHER'S DATAIL

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

SELF ATTESTED PHOTOCOPIES OF DOCUMENTS TO BE SUBMITTED :

1. Date of Birth Certificate
2. Residence Proof
3. Addhar Card of the Child and both the Parents
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.