

REGISTRATION FORM FOR : +1

BD DAV SR. SEC. PUBLIC SCHOOL
K.B. DHARAMSHALA,
DISTT KANGRA (HP)-176215

PHONE NO. 01892-222222,222402
Email ID : davdsala@yahoo.co.in
Website: www.davdharamsala.com

1. APPLICANT'S INFORMATION

Name

Date of Birth

Aadhar NO.

Age as on 01/04/21: Years

Months

Bank Account No.

Present School	Present Class	Result if any	Registered for class	Stream opted

Particular strength(Please specify subjects of interests) & activity

Any academic difficulty e.g dyslexia, depression

2. FAMILY INFORMATION:

Father's Name		Profession	Educational qualification
Address:			
Telephone (R) with area code	Phone		Email
	Mobile		
Mother's Name		Profession	Educational qualification

UNDERSTANDING

I understand and agree that the registration of my ward does not guarantee Admission to the school and that the registration fee is neither transferable nor refundable.

Name _____

Relation to student _____

Date _____

Signature Parent/Guardian _____

FOR OFFICE USE ONLY

Application receive on :			REMARKS
Receipt Number	Date	Amount	
Registration Number: DAV /PS/KB			

Admission In charge

Principal