

REGISTRATION FORM FOR CLASSES - LKG to IX

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Particular strength(Please specify subjects of interests) & activity	<input type="text"/>
Any academic difficulty e.g dyslexia, depression	<input type="text"/>

2. FAMILY INFORMATION:

Father's Name		Profession	Educational qualification
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address:			
Telephone (R) with area code	Phone	<input type="text"/>	Email
	Mobile	<input type="text"/>	
Mother's Name		Profession	Educational qualification
<input type="text"/>		<input type="text"/>	<input type="text"/>

Note: Please attach a copy of Date of Birth certificate (For Fresh Admission only)

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/Gardian _____

FOR OFFICE USE ONLY

Application receive on :			REMARKS
Receipt Number	Date	Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Registration Number: DAV /PS/KB			

Admission In charge

Principal

