REGISTRATION FORM FOR CLASSES - NURSERY 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 **Aadhaar No.**

Age as on 01/04/23: Years **Months** **Bank Account No.**

Present School	Present Class	Result if any	Registered for class

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**

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/Guardian_____

FOR OFFICE USE ONLY

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

Admission In charge **Principal**