

# REGISTRATION FORM FOR CLASSES LKG TO 9<sup>TH</sup>

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

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

## 1. APPLICANT'S INFORMATION

Name

Date of Birth 



 Aadhar NO.

Age as on 01/04/18: Years 



 Months 



 Student's 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/Gardian \_\_\_\_\_

### FOR OFFICE USE ONLY

Application receive on :			REMARKS
Receipt Number	Date	Amount	
Registration Number: DAV /PS/KB			
<b>For Office use Only</b>			
Principal			

