REGISTRATION FORM FOR CLASSES LKG TO 9TH

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

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

1. APPLICANT'S INFORMATION

Name

Date of Birth **Aadhar N0.**

Age as on 01/04/17: 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			
For Office use Only			
			Principal

REGISTRATION FORM FOR +1

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