

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

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

PHONE NO. 01892-222222, 222404  
Email ID: [davdsala@yahoo.co.in](mailto:davdsala@yahoo.co.in)  
Website: [www.davdharamshala.com](http://www.davdharamshala.com)

## 1. APPLICANT'S INFORMATION

Name

Date of Birth         Aadhar No.

Age as on 01/04/19: 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 of Parents/Guardian \_\_\_\_\_

### FOR OFFICE USE ONLY

Application received on:			REMARKS
Receipt Number	Date	Amount	
Registration Number: DAV/PS/KB/			
For Office use Only			
Principal			

