REGISTRATION FORM FOR:XI

BHAGIRATHI DASS DAV PUBLIC SCHOOL
K.B. DHARAMSHALA,
DISTT KANGRA (HP)-176215

PHONENO.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 01/04/27: ☐ **Years** ☐ **Months** **PEN** _____

Present School	Present Class	Result if any	Registered for Class	Stream opted

Particular strength(Please specify subjects of interests)& activity	
Any academic difficulty e.g dyslexia, depression	

2. FAMILYINFORMATION:

Father's Name	Profession	Educational Qualification
Address:-		
Telephone(R)with area code	Phone	Email
	Mobile	

Mother's Name	Profession	Educational Qualification

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_____

FOROFFICEUSEONLY

ProspectusSerialNo.:			REMARKS
Receipt Number	Date	Amount	
RegistrationNumber:DAV/PS/KB/			

Admission Incharge **Principal**