REGISTRATION FORM FOR : XI

BHAGIRATHI DASS DAV SR. SEC.PUBLIC SCHOOL
K.B. DHARAMSHALA,
DISTRICT 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 01/04/2027 : ☐ **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. FAMILY INFORMATION:

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_____

FOR OFFICE USE ONLY

Prospectus Serial No.:			REMARKS
Receipt Number	**Date**	**Amount**	
Registration Number: DAV/PS/KB/			

Admission Incharge **Principal**