

REGISTRATION FORM FOR CLASSES - NURSERY TO IX

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

**PHONE NO. 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 01/04/25: 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 Parent/Guardian _____

FOR OFFICE USE ONLY

Application receive on :			REMARKS
Receipt Number	Date	Amount	
Registration Number: DAV /PS/KB			

Admission In charge

Principal