

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 01/04/24: Years Months Bank Account No.

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

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

Admission Incharge

Principal