

REGISTRATION FORM FOR CLASSES - NURSERY TO IX

Bhagirathi Dass 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 01/04/26: Years

 Months

 PEN NUMBER

| 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/Transfer 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

| | | | |
|---------------------------------|-------|---------|---------|
| Prospectus Serial No. : | | | REMARKS |
| UTR/Receipt No. | Date: | Amount: | |
| | | | |
| Registration Number: DAV /PS/KB | | | |

Admission in charge

Principal