

## REGISTRATION FORM FOR : XI

**BHAGIRATHI DASS DAV PUBLIC SCHOOL  
K.B. DHARAMSHALA,  
DISTTKANGRA (HP)-176215**

**PHONENO.01892-222222, 222402  
Email ID:[davdsala@yahoo.co.in](mailto:davdsala@yahoo.co.in)  
Website:[www.davdharamsala.com](http://www.davdharamsala.com)**

### 1. APPLICANT'S INFORMATION

Name

Date of Birth  Aadhaar No.

Age as on 01/04/26:  Years  Months PEN

Present School	Present Class	Result if any	Registered for Class	Stream opted
<input style="width: 300px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>

Particular strength (Please specify subjects of interests)& activity	<input style="width: 480px; height: 30px;" type="text"/>
Any academic difficulty e.g dyslexia, depression	<input style="width: 480px; height: 30px;" type="text"/>

### 2. FAMILY INFORMATION:

Father's Name		Profession		Educational Qualification	
<input style="width: 250px; height: 30px;" type="text"/>		<input style="width: 150px; height: 30px;" type="text"/>		<input style="width: 250px; height: 30px;" type="text"/>	
Address:- <input style="width: 830px; height: 40px;" type="text"/>					
Telephone(R)with area code	Phone	<input style="width: 150px; height: 20px;" type="text"/>	Email		
	Mobile	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>		
Mother's Name		Profession		Educational Qualification	
<input style="width: 250px; height: 30px;" type="text"/>		<input style="width: 150px; height: 30px;" type="text"/>		<input style="width: 250px; height: 30px;" type="text"/>	

#### 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	
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
Registration Number : DAV /PS/KB/			

**Admission Incharge**

**Principal**