

REGISTRATION FORM FOR CLASSES-NURSERY TO IX

Bhagirathi Dass DAVSR. SEC. Public School
 K.B. DHARAMSALA,
 DISTT KANGRA (HP)-176215

PHONE NO. 01892-222222, 222402
 Email ID: davdsala@yahoo.co.in
 Website: www.davdharamsala.com

1. APPLICANT'S INFORMATION

Name

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Date of Birth

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Aadhaar No.

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Age as on 01/04/26: Years

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Months

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PEN NUMBER

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Present School

Present Class

Result if any

Registered for class

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Particular strength (Please specify subjects of interests) & activity

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Any academic difficulty e.g dyslexia, depression

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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: The picture of my ward can be uploaded on school social media platform

YES	NO
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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