

# DAV MODEL SCHOOL SECTOR-15 A, CHANDIGARH

Phone No. 2543956. 4061215, 4061200

## Admission Form

Photo  
With  
Date

Admission No. .... To be filled by office .

Class to which admission sought ..... Session .....

### PERSONAL DETAILS:

1 Name (CAPITAL LETTERS): .....

2 Gender : Male  Female  Any other 

3 Date of Birth : Date..... Month..... Year .....

In Words .....

(Attach Date of Birth Certificate issued by the Competent Authority)

### 4 Details of Parents :

Detail	Father	Mother
Name (Capital Letter)		
Educational Qualification		
Residential Address		
Permanent Address		
E-mail		
Occupation		
Official Address		
Contact No.		
Annual income		

### 5 Whether the candidate is :-

(i) Single Girl Child: Yes  No.

(ii) Specially Abled (Divyangjan) Yes  No.

(iii) Belonging to EWS: Yes  No.

(Attached proof wherever applicable)

6 Category (Attach proof): General  SC  ST  OBC Minority : Muslim  Sikh  Christian  Buddhist  Jains  Pari  NA 

7 Aadhar No. of students ( Attach proof).....

8 Name &amp; Address of the last attended school :.....

9 Class last attended.....

10 Last School affiliated to

(i) CBSE

(ii) ICSE

(iii)

(iv) State Board

(v) any other (please specify) .....

11 Result of last class :

Subject	Maximum Marks	Marks obtained	% of Marks	Remarks

12 Transfer Certificate Details\*:

Transfer Certificate No..... Date of Issue.....

(In case, student is from other, Transfer Certificate should be countersigned by the competent Authority)

13. Details of Siblings (if Any)

Name	Brother/Sister	Age	School Studying in

14 Subject for classes XI and XII only

1. .... 2.....3.....

4..... 5.....6.....

15 School Transport Required

Yes

No

- Note:**
1. Please fill transport Form if school transport is required.
  2. Parents are requested to update phone no. and address to school office in case of any change.
  3. Students are not allowed to bring Mobile phone in the school.

### DECLARATION

I hereby declare that I have noted the instructions given here in. I pledge to abide by the Rules and Regulations enforced by the school, and the Board during my studentship and not to associate myself with any activity that goes against the discipline of the institution.

Signature of Parents/Guardian

Date.....

Signature of Applicant

### For office Use

Certified that the form has been checked and the student is eligible.

For Admission to Class : .....

Admission In -Charge : .....

Coordinator : .....

Date : .....

PRINCIPAL