



Col. V.R. Mohan
D.A.V. PUBLIC SCHOOL

Affiliated with ICSE, New Delhi, vide Regd. No. PU040
Directly Managed by DAV College Managing Committee, New Delhi
Derabassi, Distt. S.A.S. Nagar (140507)

(ADMISSION FORM)

Admission No. _____

Date: _____

Class _____

1. Name of Student _____

2. Date of Birth _____
(in words) _____

3. Mother's Name _____

Father's Name _____

4. Father's Occupation _____

Mother's Occupation _____

5. Father's Qualification _____

Mother's Qualification _____

6. Postal Address _____

_____ Phone _____ Mobile _____

7. Name of the institution last attended _____

8. Whether belonging to SC/ST/BC/OBC _____

9. Name of real Brother and Sister studying in this school _____

Name of Student _____ Class _____

10. Special interest of the child : 1. _____ 2. _____

I certify that the above particulars are true to my knowledge and if at any time they are found to be incorrect, my child's name may be removed from the school rolls.

Admit

Principal

Signature
Parent / Guardian

For Class Teacher :

Admission No. _____

Master / Miss _____ S/o / D/o _____

Address _____

Admitted to Class _____

Principal