

School Code.: DI-039

Recognized

School Id No.: 2162106



# D.A.V. PUBLIC PRIMARY SCHOOL

(Under the direct control & Management of DAV College Managing Committee, Chitra Gupta Road, New Delhi- 110055)

DARYA GANJ, NEW DELHI-110002

Ph.No. 011-23245156 | dav\_public@rediffmail.com | www.davdaryaganj.com

Regn. No.: DAVPPS / GEN / .....

Admission No. : .....

Student ID No. : .....

Date of Admission : .....

## Application For Registration | Admission Session .....

Recent Photo of Father

Recent Photo of Mother

Recent Photo of Child

### NAME OF CHILD ( BLOCK LETTER)

NAME OF CHILD (BLOCK LETTER) [Grid]

DATE OF BIRTH\* (DD) [ ] [ ] (MM) [ ] [ ] (YYYY) [ ] [ ] [ ] [ ] AGE AS ON 31ST MARCH 20 ..... : [ ] [ ] YEARS [ ] [ ] MONTHS

ADMISSION TO CLASS: [ ] GENDER\* [ ] BLOOD GROUP: [ ] MOTHER TONGUE: [ ]

CATEGORY : GEN [ ] SC [ ] ST [ ] OBC [ ] OTHER .....  
(please attach the relevant documents)

LAST SCHOOL ATTENDED [ ]  
[Report card of the previous class attended from class I onwards]

RESIDENTIAL ADDRESS : (HOUSE NO. AND LANE) [ ]

COLONY : AREA \* [ ] STATE : [ ] PIN CODE \* [ ]  
(Select strictly according to specification of the displayed list)

DISTANCE FROM SCHOOL [IN KMS.]\* [ ] RESIDENCE TELEPHONE NO.: [ ]

### FATHER'S DETAILS (BLOCK LETTER)

NAME: [ ] AGE: [ ]

NATIONALITY: [ ] EDUCATIONAL QUALIFICATION: [ ]

OCCUPATION\* [ ] ANNUAL INCOME: [ ]

OFFICE ADDRESS : [ ]

OFFICE TEL. NO.: [ ] MOBILE NO.: [ ] E-MAIL ID: [ ]



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### ACKNOWLEDGEMENT

Reg. No.: DAVPPS/GEN \_\_\_\_\_

Dated : \_\_\_\_\_

Registration in respect of \_\_\_\_\_

S/o / D/o \_\_\_\_\_ for admission to Class \_\_\_\_\_

Date and Time of Admission Test \_\_\_\_\_

Signature of Office Representative

## MOTHER'S DETAILS (BLOCK LETTER)

NAME:  AGE:

NATIONALITY:  EDUCATIONAL QUALIFICATION:

OCCUPATION\*  ANNUAL INCOME:

OFFICE ADDRESS :

OFFICE TEL. NO.:  MOBILE NO.:  E-MAIL ID:

	YES	NO		YES	NO
HAVE YOU STUDIED TILL CLASS XII IN DAV SCHOOL ? *	<input type="checkbox"/>	<input type="checkbox"/>	FATHER	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	MOTHER	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU A STAFF MEMBER OF DAV COLLEGE MANAGING COMMITTEE, DELHI ? *	<input type="checkbox"/>	<input type="checkbox"/>			
DOES THE CHILD HAS SOME SPECIAL MEDICAL NEEDS ? *	<input type="checkbox"/>	<input type="checkbox"/>			
IS REAL BROTHER / SISTER (NOT COUSIN) STUDYING IN DAV PUBLIC SCHOOL, DARYA GANJ, DELHI ? *	<input type="checkbox"/>	<input type="checkbox"/>			
			ARE YOU A SINGLE PARENT ?* (WIDOW / WIDOWER / DIVORCEE / UNMARRIED)*	<input type="checkbox"/>	<input type="checkbox"/>
			IS THIS YOUR FIRST CHILD ?*	<input type="checkbox"/>	<input type="checkbox"/>
			Whether the child belongs to a family ?* (Martyrs / Armed Forces / Paramilitary)*	<input type="checkbox"/>	<input type="checkbox"/>
			IF YES, GIVE DETAILS	<input type="text"/>	
			IF YES, WARD'S NAME AND CLASS	<input type="text"/>	

### LIST OF SUPPORTING DOCUMENTS TO BE SUBMITTED BY PARENTS AT THE TIME OF REGISTRATION (Submit 2 copies of each document)

- Recent passport size, coloured photographs of the Child, Father and Mother.
- Attested photocopy of Birth Certificate of child issued by MCD / NDMC
- Proof of residence - Attested photocopy of Parent(s) Ration Card / Voter Identity Card / Passport / Electricity Bill / Water Bill / Telephone Bill / Gas Connection Receipt / Driving Licence / Bank Account Statement / Registered Rent Agreement prior of January 1-2013 (Submit any two)
- Proof to validate status of single parent.
- Proof to validate first child (Affidavit on Rs. 10/- stamp paper).
- Proof to validate child with special medical needs.
- Proof to validate Sibling Application (Copy of last Fee Bill / I-Card / Report Card)
- Parents' Identity Card issued from Workplace (if applicable)
- Attested Photocopy of **AADHAR CARD** of applicant child. \*\*

### UNDERTAKING

This is to certify that I / We shall produce the required documents at the time of admission. I / We further undertake that information submitted above is true to the best of my / our knowledge and deemed to be signed by me / us. In case information provided above is found to be false, I / We understand that Candidature / Provisional admission of my / our ward will stand cancelled without any further notice or discussion.

SIGNATURE OF FATHER:

SIGNATURE OF MOTHER:

**BEFORE SUBMITTING PLEASE ENSURE THAT YOU HAVE FILLED ALL THE MANDATORY (\*) FIELDS.**

REMARKS

HEADMISTRESS