



D.A.V. Public School

Sector-9, R.K. Puram, New Delhi-110022

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REGISTRATION CUM ADMISSION FORM

SESSION _____

(For office use only)

1 Reg. No. _____ Reg. Date: _____ Admission No. _____ Admission Date _____

2 Class to which admission is sought _____

3 Name & address of previous school _____

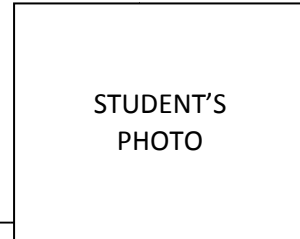
4 Student's Name _____

Student's Aadhar Card No. _____

Nationality _____ Sex- Male/Female _____

Date of Birth _____ Category- SC/ST/OBC/GEN _____

Age as on 31.03.2020 _____



Residential Address _____

5 Father's Name _____

Educational Qualification _____

Occupation: _____

Office Address: _____



Mobile No. 1. _____ 2. _____

6 Mother's Name _____

Educational Qualification _____

Occupation: _____

Office Address: _____



Mobile No. 1. _____ 2. _____

7 Distance of residence from School: _____ kms (approx)

8 Is the school transportation required: Yes No

9 Medical Information: Does the child have some special needs?

If yes, give details: _____

10 Parameters for admission

(A) GENERAL

(i) Neighborhood (Tick as applicable)

(0-5) Kms radius

Above 5 Kms & below 15 Kms.

Above 15 Kms & below 20 Kms.

Above 20 Kms.

(ii) Sibling (Real Brother/Sister only) Yes No

(Tick as applicable)

If sibling in the same school give details of sibling:-

Sibling's Name _____ Class & Sec _____

(ii) School Alumni (i) Father Yes No

(Tick as applicable) (ii) Mother Yes No

(iii) Single Parent Yes No

(Widow/widower/divorce/unmarried/separated)

(iv) Transfer case: (DAV / Non-DAV) Yes No

12 Self Attested Photocopies of documents submitted are tick marked below:

1. Date of Birth Certificate of the child.
2. Medical Certificate of the child (for children with specific needs).
3. Certificate of Father's and Mother's qualification.
4. ID & Residence proof of parents (Aadhar Card/Voter ID/Passport/DL/Electricity Bill/Ration Card).
5. Photocopy of report card (if admission in class first onwards).
6. Transfer Certificate.

UNDERTAKING

I _____ Father / Mother of _____ hereby declare that information given by me is based on facts and authentic records. Admission of my child is cancelled if any information is found to be false.

NOTE: THE FEE ONCE DEPOSITED NEITHER BE NEITHER REFUNDED NOR ADJUSTED IN ANY CASE.

(Signature of Parents)

Selected Not Selected (Tick if selected Cross if not selected)

Signature of the Principal _____

Date: _____

Seal of the School _____