



# D.A.V Public School

Sector-IX , R.K. Puram, New Delhi - 110022  
Ph.: 011-26175924, E-mail: dav\_rkpuram@yahoo.co.in

## REGISTRATION FORM

Photograph of  
the Student

Photograph of  
the Father

Photograph of  
the Mother

Registration for Class \_\_\_\_\_

1. Name of the Student (in Block Letters) \_\_\_\_\_

2. Date of Birth    Date                       Month                       Year

(in Words) \_\_\_\_\_

3. Class for which admission is sought \_\_\_\_\_

4. Name of the Previous School \_\_\_\_\_ Class \_\_\_\_\_ Year \_\_\_\_\_

5. Sex:                                      Male                                       Female

6. SC/ST/OBC:                              Yes                                       No

7. Father's Name (in Block Letters) \_\_\_\_\_

Office Address (if any) \_\_\_\_\_

Residential Address \_\_\_\_\_

Tel. No. (Residence) \_\_\_\_\_

Tel. No. (Office) \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

8. Mother's Name (in Block Letters) \_\_\_\_\_

Office Address (if any) \_\_\_\_\_

Residential Address \_\_\_\_\_

Tel. No. (Residence) \_\_\_\_\_

Tel. No. (Office) \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

9. Distance of residence from the School: \_\_\_\_\_ Kms (approx.)

10. Is the School Transportation required?                      Yes                                       No

11. Do you require the Day Care Facility?                      Yes                                       No

12. Medical Information : Does the child have some special needs?

If yes, give details \_\_\_\_\_

**12 Parameters for Admission**

**(A) GENERAL**

(i) Neighbourhood (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)  
(Tick as applicable)

Yes

No

If sibling in the same school

Sibling's Name \_\_\_\_\_

give details of sibling

Class-Section \_\_\_\_\_

If yes, class & year of passing

(iii) School Alumni

(i) Father

Yes

 \_\_\_\_\_

No

[Tick as applicable]

(ii) Mother

yes

 \_\_\_\_\_

No

(iv) Child who is physically Challenged

Yes

No

(v) Single Parent

(window/windower/divorce/unmarried/seprated)

Yes

No

(vi) Transfer case : Father / Mother

(both or either of the parents on transferable job)

Yes

No

**(B) PARENTS**

**FATHER**

**MOTHER**

(i) Educational Qualification

\_\_\_\_\_

\_\_\_\_\_

(ii) Professional Qualification

\_\_\_\_\_

\_\_\_\_\_

(iii) Name of Organisation  
where Working or having  
Business

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(iv) Designation

\_\_\_\_\_

\_\_\_\_\_

(v) Organisation's Address

\_\_\_\_\_

\_\_\_\_\_

(iv) Phone Nos.

\_\_\_\_\_

\_\_\_\_\_

(C) Gender of Child

Male

Female

13. Attested Photocopies of documents submitted are tick-markeds below:

1. Date of Birth Certificates of the Child
2. Medical Certificate of the child (for children with specific needs)
3. Certificate of Father's and mother's qualification.
4. Proof of residence
5. Attached self address envelop with Rs. 5 stamp


14. I shall produce the requisite documents in original at the time of admission.

Signature of Parent

**UNDERTAKING**

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

Signature of Parent



# D.A.V Nursery & Day Care Centre

(for classes Nursery & Pre-School)

Sector- 6, R.K. Puram, New Delhi - 110022

Ph.: 011-26161092 E-mail: dav\_rkpuram@yahoo.co.in

Photograph of  
the Student

## REGISTRATION FORM

Photograph of  
the Father

Photograph of  
the Mother

Registration for Class \_\_\_\_\_

1. Name of the Student (in Block Letters) \_\_\_\_\_

2. Date of Birth Date   Month   Year

(in Words) \_\_\_\_\_

3. Class for which admission is sought \_\_\_\_\_

4. Name of the Previous School \_\_\_\_\_ Class \_\_\_\_\_ Year \_\_\_\_\_

5. Sex: Male  Female

6. SC/ST/OBC: Yes  No

7. Father's Name (in Block Letters) \_\_\_\_\_

Office Address (if any) \_\_\_\_\_

Residential Address \_\_\_\_\_

Tel. No. (Residence) \_\_\_\_\_

Tel. No. (Office) \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

8. Mother's Name (in Block Letters) \_\_\_\_\_

Office Address (if any) \_\_\_\_\_

Residential Address \_\_\_\_\_

Tel. No. (Residence) \_\_\_\_\_

Tel. No. (Office) \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

9. Distance of residence from the School: \_\_\_\_\_ Kms (approx.)

10. Is the School Transportation required? Yes  No

11. Do you require the Day Care Facility? Yes  No

12. Medical Information : Does the child have some special needs?

If yes, give details \_\_\_\_\_

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give details of sibling

Class-Section \_\_\_\_\_

If yes, class & year of passing

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(i) Father

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 \_\_\_\_\_

No

[Tick as applicable]

(ii) Mother

yes

 \_\_\_\_\_

No

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**FATHER**

**MOTHER**

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\_\_\_\_\_

\_\_\_\_\_

(ii) Professional Qualification

\_\_\_\_\_

\_\_\_\_\_

(iii) Name of Organisation  
where Working or having  
Business

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(iv) Designation

\_\_\_\_\_

\_\_\_\_\_

(v) Organisation's Address

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\_\_\_\_\_

(iv) Phone Nos.

\_\_\_\_\_

\_\_\_\_\_

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