

S.No.....

DAV PUBLIC SCHOOL

(A Senior Secondary English Medium School, Affiliated to CBSE, Delhi)

Opp. Milk Plant, Ballabhgarh, Faridabad

E-mail : info@davblb.ac.in, website : www.davblb.ac.in

(Under the direct control of DAV College Managing Committee, New Delhi)

ADMISSION FORM

Admission No _____

Seeking admission in Class _____

Fill in the form in BLOCK CAPITALS (Using Blue/Black Ball Point Pen)

1. Name of the applicant _____ Sex : Male/Female

2. Date of Birth (In figures) : Date _____ Month _____ Year _____

(In words) : _____

3. Place of Birth _____ 4. Nationality _____

5. Blood Group _____ 6. Mother Tongue _____

7. Name of the school attending at present (if any) _____

Previous Class Passed _____ Grade _____

8. Interest & Hobbies of the Applicant

Extra Curricular _____ (Mention the activity)

Games/Sports _____ (Mention the Sports/Game)

9. Details of Siblings (real brother/sister) if studying in DAV Public School, Ballabhgarh

Name : _____

Class & Sec. _____ Admission No. _____ Admission No _____

10. Category the candidate belongs to

GEN ST SC OBC (Tick the appropriate box)

11. If Disabled (Tick the appropriate box) Physically Handicapped Visually Handicapped Hearing Impaired

12. Particulars of Parent

FATHER

MOTHER

Name : _____

Qualification _____

Designation/Occupation _____

Organization _____

E-mail _____

If any parent is an alumni of DAV Public School, Please mention the Year & Branch. _____

13. Particulars of guardian (if applicable)

Name : _____
Qualification _____
Designation/Occupation _____
Organization _____
E-mail _____

14. Address : (Residence) Permanent Correspondence/ Postal

Office : _____
Ph (Res) _____ Mobile No. _____
Ph (Off) _____ Mobile No. _____

15. Whether School Transport is required: Yes _____ No _____

16. Areas in which you (Parent/Guardian) can help the school (Put a tick against your choice):

Academic Sports Cultural Medical Media Any Other

Please elaborate your choice _____

17. Referred to the School by :

Neighbours School Employee Friend Alumni
Advertisements Colleagues Play School Website

18. Name and address of two references :-

(i) _____
(ii) _____

19. Whether the child has been vaccinated or not (applicable upto 5 yrs) Yes No

20. Documents Attached – B’Certificate TC Report Card Mark Sheet Photo

Certificate if belong to SC/ST/OBC

I hereby declare that the information provided by me in this form is true and correct to the best of my knowledge & proof

Sign of Father _____ Sign of Mother _____ Sign of Guardian _____

Date : _____ Place : _____

Remarks :- Officer Incharge _____	Amount Received : _____
Coordinator/Supervisor _____	Fee Receipt No. : _____
Admitted in Class _____	Fee Clerk : _____
Principal _____	