



# D.A.V. PUBLIC SCHOOL

(Recognised by the Directorate of Education & Affiliated to CBSE Delhi)

Sector-B, Pocket-1, Vasant Kunj, New Delhi-110070

Phone : 011-46660400, 46660415

Website: [www.davvasantkunj.org](http://www.davvasantkunj.org), Email ID : [davvasantkunj@gmail.com](mailto:davvasantkunj@gmail.com)

Photograph  
of the  
Child

## REGISTRATION FORM

Sr. No.....

The Principal

Kindly register my son/daughter/ward Master/Miss..... for admission to  
.....class. (**STREAM**.....)

### About Child :-

1. Date of Birth (in figures)..... D.O.B.(in words).....

2. Name of the School attended last.....

Grade/Percentage secured in last Class.....

3. Whether any brother/sister studying in this school.....

Name..... Class & Section.....

### About Parents :-

4. Father's Name..... Academic Qualification.....

5. Residential Address .....

6. Occupation..... Father's Income.....

Ph.No..... Mobile..... E.Mail ID.....

7. Mother's Name..... Academic Qualification.....

8. Occupation..... E.Mail ID.....

Ph.No..... Mobile.....

9. Whether Scheduled Caste/Scheduled Tribe Backward Class.....

10. Whether Staff's son/daughter(Y/N)..... Name..... Class & Section.....

I certify that particulars given above are correct. Please mention if child is suffering from any ailment.  
.....

Signature of **Father**..... **Mother**..... **Guardian**.....

(In absence of Parents)

Documents to be attached :- Copy of D.O.B. Certificate & Result of Previous Class  
.....

### Acknowledgement

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Phone : 46660400, 46660415

Date :.....

Received Registration form No..... in respect of..... for

Class..... Son/Daughter of.....

You are requested to bring the child for Interaction/Test on ..... at.....

Kindly check the school website for further details & Updates.

Dealing Asstt.