



REGISTRATION FORM D.A.V. PUBLIC SCHOOL

(Under DAV College Managing Committee)

WEST PATEL NAGAR, NEW DELHI - 110 008

PH. : 011-25881101, 011-25886238

E-mail : davpswp@yahoo.in

Reg. No. :

Application for Registration for Admission to Class

To,

The Principal

I request for the registration of my son / daughter to Class in your School.

The necessary particulars are given below :

1. Name of Child (in Block Letters) Surname
2. Sex Male Female
3. Date of Birth : Date Month Year
4. Father's Name Mother's Name
5. Guardian's Name & Relation
6. Father's Occupation (with particulars) & Income
7. Mother's Occupation (with particulars) & Income
8. Address Residence Ph. No.
Office Ph. No.
9. Whether Brother / Sister studying in the School
(Give Name, Class & Section)
10. Do you belong to : ☐ GEN ☐ SC ☐ ST ☐ OBC (tick wherever is applicable)
11. Documents Submitted :
(a) Birth Certificate ☐
(b) Address Proof : (i) Aadhar Card ☐ (ii) Voter ID Card ☐ (iii) Rent Agreement ☐ (iv) Any others

Receipt No.

Signature of Parents / Guardian

Date

Signature of Accountant / Clerk

D.A.V. PUBLIC SCHOOL

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PH. : 011-25881101, 011-25886238

Reg. No. :

(To be filled in Office)

Receipt No.

Date :

Name of the Student

S/o / D/o

for admission to class

Date

Signature

