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DAY PUBLIC SCHOOL

(10+2 AFFILIATED TO C.B.S.E., NEW DELHI)

P-BLOCK, SECTOR-XII, PRATAP VIHAR, GHAZIABAD - 201 009 (U.P)

E-mail : davpvghaziabad@yahoo.com Website : www.davpvghaziabad.com

Ph. : 0120-2740783 Fax : 0120-2742458

Application For Registration

Photo

Session _____

- Name of the Child :
- Date of Birth : / Age Year Month Day
- Sex: Male Female
- Nationality :
- Category: SC ST OBC Gen. Physically Challenged
- Studying in Class _____ Applying for Class _____
- Name of School, child presently studying _____

8. Parent's/Guardian Details

FATHER

- Name
- Qualification _____
- Occupation - Govt. Employment Private Employment Business
- Name of Organization _____
with address & _____
contact no. _____
- Designation _____
- Monthly Income Rs.: _____
- Contact Details (M) _____ Office _____ E-mail ID _____

MOTHER

- Name
- Qualification _____
- Occupation - Govt. Employment Private Employment Business House wife
- Name of Organization _____
with address & _____
contact no. _____

- ★ Designation _____
- ★ Contact Details _____ Office _____ E-mail ID _____
- ★ Contact Details (M) _____ Office _____ E-mail ID _____
- ★ Total monthly Income of Parent's Rs.: _____

9. Residential Address : _____

10. Permanent Address : _____

11. Sibling in School - Name _____ Class _____ Section _____

12. Instructions

Please submit the following along with the registration form

- ★ Date of birth certificate issued by Municipal Corporation (attested photo copy).
- ★ A photo copy of the latest Report Card/Guardian.
- ★ Educational certificate of the parents.
- ★ Address Proof
- ★ Income certificate of the parent's/Guardian.

CERTIFICATE FROM PARENTS

I hereby certify that the information given above is correct to the best of my knowledge. I fully agree that the school on accepting the registration form of my child is not any way, obliged to grant admission. I also certified that my child is not suffering from any contagious or other chronic disease.

Date _____ Mother's Sign _____ Father's/Guardian's Sign _____



(For Office Use)

Registration No. _____ Dated _____

Received Rs. _____ Registration Fee in Respect of Master / Miss _____

S/o, D/o & Mr. Mrs. _____

The parents/guardian are requested to bring the child for test / interview on _____
 at _____

Admission Incharge / Clerk