

Signature of the Issuing Authority



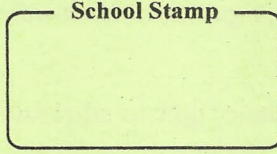
दयानन्द ऐंग्लो - वैदिक पब्लिक स्कूल्स, गया क्षेत्र

D.A.V. PUBLIC SCHOOLS, GAYA ZONE

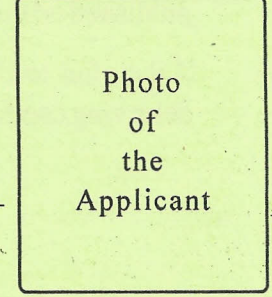
Regional Directorate : DAV Public School, Cantt. Area, Gaya - 823 001, Ph. # : 0631-2227137 (O)

Managed By : D.A.V. College Managing Committee, Chitragupta Road, New Delhi - 55

Date.....



REGISTRATION FORM



1. Full Name (In Block Letters): _____
छात्र का नाम
2. Date of Birth:

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 Sex : M/F
जन्म तिथि
3. Father's Name: _____ Mobile No. _____
पिता का नाम
4. Father's Occupation: _____
पिता का व्यवसाय
5. Mother's Name: _____ Mobile No. _____
माता का नाम
6. Any Brother or Sister already Name: _____
Studying in this school (if so, give details) Class : _____ Adm. No. _____
7. Permanent Address (स्थायी पता)
(a) Residence (आवास) _____
Telephone : _____
(b) Office (कार्यालय) _____ Telephone : _____
8. Address for Correspondence (पत्राचार का पता) _____
Guardian's Name (in absence of father) and
relation with the applicant (student) Name: _____ Relation _____
9. Class in which admission has been sought : _____
10. Name of the School/Institution previously attended : _____
11. Last examination passed : _____
12. Languages Spoken at home : _____

DECLARATION

Signature of the Parent/Gardian

I pledge to abide by the decision of the Principal regarding admission. I will in no case make any claim regarding admission etc. if my ward is not selected for admission.

Remarks by the Principal

Signature of the Parent / Guardian