

Sr. No.

25303

Registration No. _____ Dated _____

Admission No. allotted _____



DAY PUBLIC SENIOR SECONDARY SCHOOL

PHASE-X, SECTOR 64, S.A.S. NAGAR, (MOHALI) PB.

Affiliated to CBSE, New Delhi (Affiliation No. 1630245, School Code : 20237)

Managed by DAV College Managing Committee, New Delhi

Tel.: 0172-2232299, 9888778887 E-mail : davmohali@gmail.com Website : www.davmohali.com

ADMISSION FORM

Application for admission to Class _____

Session _____

For Classes +1 & +2 Stream : Non-Medical Medical Commerce

Kindly admit my child to this school. The relevant information is as under :

(Please fill the particulars carefully according to certificates)

Paste
Photograph
with Date of
Clicking

1. Name of the Child (IN BLOCK LETTERS)		
2. Date of Birth In Figures	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	In Words	
3. Nationality	Place of Birth	Blood Group
4. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	
5. Aadhar Number	Child	Parent
6. Name of the last school attended (If any)		
7. Last School Affiliated to	<input type="checkbox"/> CBSE <input type="checkbox"/> ICSE <input type="checkbox"/> Any Other (Please Specify)	
8. Class last Attended	Medium of instruction	
9. Result of last Class	Marks Obtained	Percentage / Grade
10. Transfer Certificate (SLC) Details	Certificate No.	Date of Issue
11. Father's Name		
Qualification	Occupation	
Office Address		
Phone / Mobile No.	E-mail	
12. Mother's Name		
Qualification	Occupation	
Office Address		
Phone / Mobile No.	E-mail :	

13. Guardian's Name (If any)			
Phone / Mobile No.	E-mail		
14. Parent/Guardian's Annual Income			
15. Permanent Address			
16. Local Address			
17. Whether the child is	<input type="checkbox"/> Single Girl Child	<input type="checkbox"/> Specially abled (Divyangjan)	<input type="checkbox"/> Belonging to EWS
18. Category (Attach Proof)	<input type="checkbox"/> General	<input type="checkbox"/> SC	<input type="checkbox"/> ST <input type="checkbox"/> OBC
	If belongs to Minority, Mention Category _____		
19. Details of siblings studying in our School (If any)	Name	Class	

DECLARATION

I certify that particulars given above are true to the best of my knowledge and belief.

I have read the prospectus carefully and noted that :

- The decision of the Principal regarding to the admission of my child shall be abided by me.
- I shall abide by all the rules and regulations regarding fees and funds of the school applicable / revised from time to time.
- The fees and funds (except security) once paid are not refundable.
- The decision of the school authorities with regard to discipline, fees and other matters shall be abided by me.

Date

Parent's / Guardian's Signature

Place

Relation with Child _____

Note : Documents to be attached with this form :

- Two latest passport size photographs.
- Copy of Birth Certificate issued by Competent Authority (duly attested).
- School Leaving Certificate (If any).
- Photocopy of Progress Report Card of last class passed (if any).
- Copy of Aadhar Card (Mandatory)
- Copy of valid document pertaining to SC / ST / OBC / EWS.
- Copy of ID Proof of Parents.

ADMISSION ORDER

Admit to Class _____ Section _____

Principal

FOR OFFICE USE ONLY

Received Rupees _____

Vide Receipt No. _____ Dated _____ on account of New Admission to Class _____ Section _____ w.e.f. _____

Administrative Staff



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REGISTRATION FORM

For Entrance & Interview

Please submit Copy of Birth Certificate alongwith
Admission Form and bring originals at the time of Registration

TO BE FILLED IN BLOCK LETTERS

Paste
Photograph
Here

1. Name of the Child _____
2. Date of Birth _____
3. Father's Name _____
Qualification _____ Occupation _____
Office Address _____
Phone / Mobile No. _____ E-mail _____
4. Mother's Name _____
Qualification _____ Occupation _____
Office Address _____
Phone / Mobile No. _____ E-mail _____
5. Permanent Address _____
6. Local Address _____
7. Name of the last school attended _____
8. Result of the last class attended _____

Date :

Pupil's Signature

Father/Mother's
Signature

FOR OFFICE USE ONLY

Test
Date :
Time

Registration No.

IMPORTANT INSTRUCTIONS

Please read carefully

1. The registration fee is non-refundable and registration does not guarantee admission.
2. A child will be admitted to the class for which he/she proves himself / herself fit after the prescribed test / interview. The Principal's decision in this regard will be final. Entry into school is determined entirely on the basis of test / interview and the number of available seats.
3. Both parents should accompany the child for the interview and ensure that the child has enough confidence to be tested unaccompanied.
4. Wrong information and incompletely filled registration form will automatically stand cancelled.
5. Any attempt to use friends or influential people in procuring recommendations for admission will be looked on as an automatic disqualification as the same would be conducted on strictly merit.