

D.A.V. PUBLIC SCHOOL

Affiliated to Central Board of Secondary Education, Delhi PURI ROAD, BHUBANESWAR – 2 PHONE (0674) – 2340656

APPLICATION FORM FOR ADMISSION

Paste a recent passport size photo of the child

Admission No					
PERSONAL DETAILS : 1. Name :					
1. Name :					
2. Gender : Male Any other Any other					
3. D.O.B : Date Month Year					
In words					
(Attach Date of Birth Certificate issued by the Competent Authority)					
4. Details of Parents :					
Details Mother Father / Guardian					
Name					
Educational/Qualification					
Residential Address					
E-mail E-mail					
Occupation					
Official Address					
Annual Income					
5. Whether the Candidate is :					
i) Single Girl Child : Yes No					
ii) Specially abled (Divyangjan) : Yes No					
iii) Belonging to the EWS: Yes No					
(Attach proof wherever applicable)					
6. Category : (Attach proof) :General SC ST OBC EWS					
7. Aaadhar No. (Not mandatory) Attach Proof :					
8. Name & Address of the last attended school :					
9. Class Last attended					

10. Last School aff	filiated is						
(i) CBSE	(ii) I	ISCE	(iii) IB				
(iv) State Board (v) Any other (Please specify)							
11. Result of last of	class :						
Subject	Maximum Marks	Marks obtaine	d % of Marks	Remarks			
10.7	·						
12. Transfer Certif							
	ficate Number :						
13. Details of sibli							
	rother/Sister Age			l studying in			
Name	wother / Sister	7,80	Series	r stadynig m			
Father's/Guardian		Name and Date	of Birth furnishe	of the Candidate, d by me is correct to ol.			
Date :		Re	•	Parent(s) / Guardian			
	om the Admission F on dated			al Register have been 			
			Sign	nature of the Principal			
*In case, student Competent Autho		d. Transfer Certi	ficate should be	countersigned by the			

	Ext	ra Detail	s to be filled	
1.	Age as on 1st April 20	:		
2.	Nationality/ Mother Tongue	:	/	
3.	Blood Group	:		
4.	4. Aadhaar No. of Student Aadhaar No. of Father Aadhaar No. of Mother			
5.	Full Address of Father/Mother/Guard	dian with	Telephone No. (S) E-	-mail ID if any
	1.OFFICE/BUSINESS			NCE (PRESENT)
	Tel. No. :		Tel. No. :	
6.7.8.9.10.11.12.13.	Permanent Home Address If different from (2) of column (10) Any special interest or hobbies in Games, Music or Co-curricular activities. Please specify. Has been inoculated (Put ✓ marks) Give History of serious illness if any Does the child have any identified allergies Has the child lived away from paren Any reference of the Local Guardian with Tel.No. / Mob. No. Whether the student will avail Bus facility if provide by the school?	:	le antigen, Polio, B.C. noid, Measles, Yellow Yes/N	G., Cholera, Small-Pox Fever.
I she ame	tify that the information furnished about the state of the rules and regulations and added subsequently by the manual er's Signature:	s laid dov	Paste a recent passport size photo of the Father	<i>v i</i>
				MANAGER