



# DAV PUBLIC SCHOOL

## Delhi Road, Hapur (U.P.)

English Medium Co-Educational School

Under the Direct Control of DAV College Managing Committee, New Delhi

E-mail: [davpshapur@gmail.com](mailto:davpshapur@gmail.com) ; Website: [www.davpshapur.org](http://www.davpshapur.org)

UDISE No. 09751000305

Ph.: 9219444508

Student

## ADMISSION FORM

SESSION: 20\_\_\_\_ - 20\_\_\_\_

Father

Mother

S. No. ....

Admission No. .... (To be filled by office)

CLASS to which admission sought for: ..... Session: .....

### PERSONAL DETAILS: -

1. Name of the Student: .....  
(In Capital Letters)

2. Gender: Male  Female  Any other

3. Date of Birth: Date  Month  Year

In words .....

\*(Attach Date of Birth Certificate issued by the Competent Authority)

Age of the Student as on 31<sup>st</sup> March, 2023 Year  Month  Days

### 4. DETAILS OF PARENTS: -

Details	Mother	Father/Guardian
Name		
Educational Qualification		
Residential Address		
Mobile No.		
E-mail		
Occupation		
Official Address		
Annual Income		

5. Whether the candidate is: - (Tick (√) the appropriate option)

General  SC  ST  OBC  EWS  Disabled  Single Girl Child

\*(Attach relevant Certificate issued by the Competent Authority)

6. Aadhar No. (Attach proof)
7. Name & Address of the last attended school: .....
8. Class Last attended: .....
9. Last School affiliated to: CBSE  ISCE  IB  State Board  Any other.....
10. Result of Last Class:

S. No.	Subject	Maximum Marks	Marks obtained	% of Marks	Remarks
1.					
2.					
3.					
4.					
5.					
6.					

11. Transfer Certificate Details (Attach Original): -  
Transfer Certificate No.: ..... Date of Issue: .....
12. Subjects Proposed to Offer: **1.**..... **2.**..... **3.**.....  
**4.**..... **5.**..... **6.**.....
13. Details of siblings (if any): -

S. No.	Name	Brother/Sister	Age	School Studying in
1.				
2.				

14. **INFORMATION ABOUT THE HEALTH OF THE CHILD:**  
**a.** Is the Child Suffering from any Chronic Diseases/Ailment: ..... **b.** Blood Group: .....  
**c.** Is he/she a Child With Special Needs (CWSN): .....  
 If yes, please specify: .....

### ACKNOWLEDGEMENT

I ..... hereby declare that the above information including Name of the Candidate, Father's/Guardians Name, Mother's Name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I have also read the prospectus of the School and undertake to abide by the rules/guidelines laid down by the school. I will deposit the fee of my ward as notified and undertake to pay increase in fee, if any.

Date: .....

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Guardian

(Relation with Student .....)

### FOR THE OFFICE USE ONLY

1. Certified that I have checked the application form and the relevant papers are found in order.

**Admission In-Charge**

2. Please admit to Class..... Section..... after checking the relevant papers and realize the dues.

Date: .....

**PRINCIPAL**