

#### **D.A.V. PUBLIC SCHOOL, NEW PANVEL**

Plot No. 267, 268, Sector-10, New Panvel, Navi Mumbai-410206 (Maharashtra).
Phone 022-27468211, 27451793, 27482276,
E-mail – davnewpanvel@gmail.com, www.davnewpanvel.com

Date: - 12.02.2018

# <u>REGISTRATION GUIDELINES FOR NURSERY ADMISSION</u> 2018 – 2019

First priority to siblings; others will be accommodated if seats are available.

#### **AGE CRITERIA:**

Child should be born between 1st August 2014 – 30 September 2015.

Note: Forms of children not fulfilling the age criteria shall be rejected.

#### SUBMISSION OF REGISTRATION FORM:

Duly filled in registration form along with the necessary documents should be submitted at the school reception between 14<sup>th</sup> February 2018 to 16<sup>th</sup> February 2018 from 8:00 am to 10:00 am only.

Documents to be attached with the form:

- True copy of Birth Certificate Self attested by Parent
- One recent Passport size photograph
- True copy of Address Proof (MTNL Bill / Adhaar Card / Electricity Bill / Passport / Driving Licence / House Tax Receipt / Water Bill / Election ID card / Registered Rent Agreement Any one)
- > True copy of the sibling ID card, if any, studying in this school.
- True copy of Parent ID card issued by the school.

#### Note:

- · Submission of registration form does not guarantee admission.
- Incomplete forms will be rejected.

# <u>ADMISSION PROCEDURE:</u>

Admission shall be given through draw of lots. However, admission shall primarily be subject to the availability of seats.

### **DRAW of Lots:**

> Date of Draw of lots: 24<sup>th</sup> February 2018

> Time: 1:30 pm sharp



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Recent
Passport
Size
Photograph

# REGISTRATION FORM FOR NURSERY ADMISSION SESSION 2018 – 2019

1.	Name of the student (In block letters)					
			Name	Middle Name	Surname	
2.	Date of Birth:-					
		(In figure – dd.mm.yy)		(In words)		
3.	Father's Name	e:				
	Occupation		Inc	ome		
4.	Mother's Nam	e:				
	Occupation Income					
5.	Academic Qua	alification of (a) Father_				
		(b) Mother_				
6.	Address : Res	sidential				
		Phone				
	Office					
		Phone				
	Brother / Siste	er attending this School:				
		Name Standard				
	1					
	2					
	3					

Date: Parent's Signature

# **CERTIFICATE FROM THE PARENT**

I/we hereby certify that the information provided by me/us is correct and I/we understand that if

the information is found to be incorre	ct or false, the ward shall be automatically debarred from
selection/admission process without	any correspondence in this regard. I/we also understand
that the application / registration / sho	rt listing does not guarantee admission to my ward.
Signature of the Mother	Signature of the Father
Name of the Mother:	Name of the Father:

Date:

Date: