



ओ३म् DAV PUBLIC SCHOOL, SAMANA

CBSE NEW GENERATION SCHOOL

Near Chak, Patran Road, Distt. Patiala (Punjab)

Contact : 01764-221815, 645815, Email : davsamana@gmail.com, Website : www.davsamana.org

Latest
Coloured
Photograph

REGISTRATION FORM SESSION 2017-18

1. For Class _____ Registration No. _____ Receipt No. _____

2. Student's Name _____ Date of Birth _____

Note : Date of Birth Certificate issued by Municipal Corporation/Health Department/Registrar must be attached this form.

3. Father's Name _____ Occupation _____ Monthly Income _____

4. Mother's Name _____ Occupation _____ Monthly Income _____

5. **Address :**

(i) Correspondence Address _____

City _____ State _____ Pin _____

(ii) Permanent Address _____

City _____ State _____ Pin _____

6. Contact No. _____ Resi.No. _____ E-mail _____

7. Previous School Name with Address _____

8. Class _____ CBSE PSEB ICSE

9. The Present Standard in which the student is studying _____

10. Any real Brother/Sister studying in this school? Yes/No

If yes give Name _____ Class _____ Adm.No. _____

Name _____ Class _____ Admn.No. _____

DECLARATION

- I hereby solemnly declare that the statement made in the above form is true and correct to the best of my knowledge and belief.
- I fully understand that in the event of any information being found false or incorrect, Registration and Admission of my son/daughter may be cancelled.
- I also declare that the date of birth and spelling of the name of my son/daughter is correctly given in this form and I shall not make request for any change later on.

Date : _____

Signature _____
Name of the Father/Mother/Legal Guardian

FOR OFFICE USE ONLY

Date of Test/Interview

Result of Test/Interview

Qualified

Not Qualified

Observation regarding child : _____

Sign. of Examination Committee :