



Maharaja Harisingh DAV Centenary Public School Akhnoor (J&k)

(Affiliated to CBSE & Managed by DAV CMC, New Delhi)

E-mail: - mhdav2437@yahoo.com Website: - www.mhsdavakhnoor.org

REGISTRATION CUM ADMISSION FORM

Admission for Class:-.....

- Form No:-.....
- Admission No:-.....
(To be filled by the Office)

Photo (Student)

Photo (Mother)

Photo (Father)

1. Student's Name (in Block Letters)

2. Gender: - Male / Female

3. Date of Birth(dd/mm/yy)

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(DOB in words).....

4. Residential Address:-.....

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5. Permanent Address:-.....

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6. Blood Group..... Religion..... Caste.....

7. Community SC ST OBC GEN OTHERS

8. Students Aadhar No.

9. Father's Name (in Capital).....
Qualification..... Occupation
- Specify Occupation / Nature of Business
- Annual Income Business / Office Address.....
- Telephone e-mail
10. Mother's Name (in Capital).....
Qualification Occupation (if any)
- Specify Occupation / Nature of Business
- Annual Income Office Address (if any)
- Telephone e-mail
11. Name of Local Guardian (if Any)
- Relation with Student Telephone
12. School Transport Required: **Yes / No** (if yes, Place / Point of Boarding).....
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13. Medical History & Allergies (if any)
14. For Staff Ward only (Name of Staff Member).....
Designation (Regular / Contractual)
15. Name of the real brother / sister studying in the School
- Class & Section..... Admission No.

16. Previous Year's Educational Record of the Student:

School (in which studied)	Class	Year
.....

17. Date of Leaving the last Attended School (if applicable)

18. Hobbies / Games and Sports activities in which interested

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19. Special information provided by the Parents / Guardian

Documents required at the time of Registration

1. Self Attested copy of Birth/Registration Certificate with name of student (from municipality or Authorized agency).
2. Documents confirming correct name of Father & Mother (Preferably copy of State Subject or Aadhar Card/ Educational qualification or other authentic documents)

Documents to be deposited at the time of Admission or within one month of Admission

1. (Original) Countersigned Transfer Certificate from previous school for Student of Class 2nd onwards.
2. Copy of Result Report Card of the previous class.

Declaration

I have the authority to admit my child/ ward named above in this School as a parent / legal guardian.

I undertake the responsibility of providing any evidence needed to support the information Provided in the Form , if necessary for any reason. I declare that the statements provided in the application are correct to the best of my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules , regulations and fee structure of the school.

Date:- _____

Name & Sign. of Parent / Guardian

For Office use only

<ul style="list-style-type: none">• Test qualified for Adm. to class• Sign of Adm. In-charge with date	Regn. Fee Receipt No. Date Amount Sign of Fee In-charge.....
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Admission In-charge

PRINCIPAL

