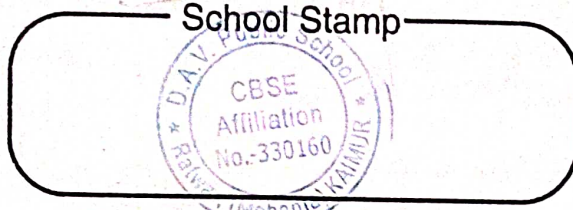


दयानन्द ऐंग्लो-वैदिक पब्लिक स्कूल्स, बिहार प्रक्षेत्र
D.A.V. PUBLIC SCHOOLS, BIHAR ZONE

Managed By : D.A.V. College Managing Committee, Chitragupta Road, New Delhi-55



Date.

REGISTRATION FORM

PHOTO
OF
THE
APPLICANT

1. Full Name (In Block Letters) : _____
छात्र का नाम
2. Date of Birth:

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 Sex : M/F
जन्म तिथि
3. Father's Name :
पिता का नाम
4. Father's Occupation :
पिता का व्यवसाय
5. Mother's Name :
माता का नाम
6. Any Brother or Sister already Studying in this school (if so, give details) Name : _____
Class: _____ Adm.No. _____
7. Permanent Address
स्थायी पता
(a) Residence : _____ Telephone : _____
आवास
(b) Office : _____ Telephone : _____
कार्यालय
8. Address for Correspondence
पत्राचार का पता
9. Guardian's Name (in absence of father) and relation with the applicant student:
10. Class in which admission has been sought :
11. Name of the School/Institution previously attended :
12. Last examination passed :
13. Languages spoken at home : _____

Signature of the Parent/Guardian

DECLARATION

I pledge to abide by the decision of the Principal regarding admission. I will in no case make any claim regarding admission etc. If my ward is not selected for admission.

Remarks by the Principal

Signature of the Parent/Guardian