



# Suraj Bhan D.A.V. Public School

F-10/15, Vasant Vihar, New Delhi-110057  
Ph.: 26149082, 26149371, Fax : 26145256  
E-mail : sb\_dav@yahoo.co.in Website : www.sbdav.com

## Registration Form

(to be filled in Block Letters)

Regn. No. :

Photograph  
of Student

### Registration for Pre-School/Pre-Primary

(Strike-out which ever is not applicable)

1. Name of the Child : .....  
(in Block Letters)

2. Date of Birth : DD   MM   YEAR      
(In words) : .....

3. Sex : Male  Female

4. a) Residential Address : .....  
Tel. No. (Residence) : .....  
b) Distance from School : ..... Kms

#### 5. Detail of Parents

a) Father's Name : .....  
Profession : .....  
Designation (if applicable) : .....  
Office Address : .....  
Tel. No. (Off.) : .....  
Mobile No. : .....  
Is the job Interstate transferable? : Yes  No

b) Mother's Name : .....  
Profession : .....  
Designation (if applicable) : .....  
Office Address : .....  
Tel. No. (Off.) : .....  
Mobile No. : .....  
Is the job Interstate transferable? : Yes  No

c) School Alumni If yes, Year of Passing

a) Father : Yes  No   
b) Mother : Yes  No   
d) Are you DAV staff Member? : Yes  No

6. School Transportation required? : Yes  No

7. a) Is a sibling of the student studying in this school? Please reply only with reference to own sister or brother      Yes       No

b) If yes please give following details of the sibling:

Name : .....

Class : .....

Section : .....

8. School specific Parameters : like girl child, minority community (in case as recognized minority schools)

9. Attested Photocopies of documents submitted are tick marked below :

- a) Date of Birth Certificate of the Child
- b) Medical Certificate of the child (for children with special needs)
- c) Proof of Residence
- d) Proof of Sibling (If applicable)
- e) Proof Alumni (If applicable)
- f) Proof of Interstate Transferable Job (If applicable)
- g) Proof of DAV staff / employee (If applicable)

Note:

Only photocopies of the documents are to be enclosed, originals will be checked at the time of admission.

Please register my son/daughter/ward named above to your school. I shall produce the requisite documents at the time of admission.

Signature of the Mother

Signature of the Father

Name : .....

Name : .....

**UNDERTAKING**

I..... father/mother/guardian of ..... hereby declare the information given above by me is correct. Admission of my child may be cancelled if any information is found to be false.

Dated : .....

Signature .....