



# 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 - 2025 - 26

(to be filled in Block Letters)

Regn. No. :

Photograph  
of Student

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

(Strike-out whichever 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. : ..... E-Mail ID : .....

b) Mother's Name : .....  
Profession : .....  
Designation (if applicable) : .....  
Office Address : .....  
Tel. No. (Off.) : .....  
Mobile No. : ..... E-Mail ID : .....

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 with reference to the real sister or brother only      Yes       No

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

Name : .....

Class : .....

Section : .....

8. 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 of Alumni (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 Mother

Signature of Father

Signature of Guardian

Name : .....

Name : .....

Name : .....

**UNDERTAKING**

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

Dated : .....

Signature.....