

Registration No.....

Form No...DAV-15/.....



D.A.V. MODEL SCHOOL

Sector-15A, Chandigarh.

Phone No.2543956, 4061215, 2541648

ADMISSION FORM



Admission No.To be filled by office.

CLASS to which admission sought : Session :

PERSONAL DETAILS :

1. Name (CAPITAL LETTERS) :

2. Gender : Male Female Any other

3. Date of Birth : Date Month Year

In words
(Attach Date of Birth Certificate issued by the Competent Authority)

4. Details of parents :

Details	Mother	Father / Guardian
Name (CAPITAL LETTERS)		
Educational Qualification		
Residential Address		
E-mail		
Occupation		
Official Address		
Annual Income		
Contact Number		

5. Whether the candidate is -
(i) Single Girl Child : Yes No
(ii) Specially abled (Divyangjan) : Yes No
(iii) Belonging to EWS : Yes No
(Attached proof wherever applicable)

6. Category : (Attach proof) : General SC ST OBC EWS
Minority : Muslim Sikh Christian Buddhist Jains Pari N.A.

7. Aadhar No. of student (Attach proof)

8. Name & Address of the last attended school :

9. Class Last attended

10. Last School affiliated to

- (i) CBSE (ii) ICSE (iii) IB
(iv) State Board (v) Any other (please specify)

11. Result of last class :

Subject	Maximum Marks	Marks obtained	% of Marks	Remarks

12. Transfer Certificate Details* :

Transfer Certificate No.

Date of Issue

(In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority)

13. Details of siblings (if any)

	Brother / Sister	Age	School studying in
Name			

14. Subjects for classes XI and XII only

1. _____ 2. _____ 3. _____ 4. _____
5. _____

- NOTE : 1. Please fill Transport Form if school transport is required.
2. Parents are requested to update phone no and address to school office in case of any change.
3. Students are not allowed to bring mobile phone in the school.

DECLARATION

I hereby declare that I have noted the instructions given here in. I pledge to abide by the Rules and Regulations enforced by the School, and the Board during my studentship and not to associate myself with any activity that goes against the discipline of the institution.

Signature of Parent/Guardian

Signature of Applicant

Date _____

(Give full signature in legible hand)

FOR OFFICE USE

Certified that the form has been checked and the student is eligible.

For admission to Class _____

Admission In-charge _____

Coordinator _____

Date :

Principal