D.A.V. CENTENARY PUBLIC SCHOOL THEOG

FORM NO _____

DISTT. SHIMLA H.P.--171201
AFFILIATED TO H.P. BOARD OF SCHOOL EDUCATION DHARAMSHALA Aff. No. 24508
MANAGED BY DAV COLLEGE MANAGING COMMITTEE, NEW DELHI -- 110055
EMAIL. I.D. davtheog@rediffmail.com Phone No. 01783-238280,238180,(R)238403

Registration No.

REGISTRATION FORM

SPACE FOR PASSPORT SIZE PHOTOGRAPH

NOTE :- 1. Darken The Circle (only ball point pen BLUE/BLACK)/ 2. All the fields are mandatory.

1. Name of The Child (IN CAPITAL) :..... SEX MALE ○ FEMALE ○ DATE__/__/_____.

2. Father's Name (IN CAPITAL) :..... 3. OCCUPATION ..... 4. EDUCATIONAL QUALIFICATION.....

6. Mother's Name (IN CAPITAL) :..... 6. OCCUPATION ..... 7. EDUCATIONAL QUALIFICATION.....

8. Address for Communication:
_____.

9. Annual Income_____ Aadhar No. ☐☐☐☐☐☐☐☐☐☐☐☐

10. Mobile No.:
_____.

11. Date of Birth D D M M Y Y Y Y ☐☐☐☐☐☐☐☐ In words _____.

12 Age as on 1st March _____ Years _____ Months _____ Days.

13. Category	GEN		S.C.		S.T.		O.B.C.		MINORITY (eg. Sikh Bodh. Christian, Muslim)	

14. Do you fall below Poverty Line	YES		NO		If Yes Attach The Certificate.

15. Class to which admission is sought (Original Birth Certificate if Admission is sought in L.K.G.):
_____.

16. Name of the previous school, if any :
_____.

17. Reason of leaving the previous School(Attach School leaving Certificate) :
_____.

18. Particulars of real brother or sister studying in this institution :
01.NAME_____CLASS_____Adm.No._____.
02.NAME_____CLASS_____Adm.No._____.

19. Is the child suffering from any special ailment_____.

DECLARATION

I agree to pay fee & other charges as determined by the school authorities from time to time and I won't apply for any concession in future.
I also declare that the information provided by me is to the best of my knowledge.
I also declare that I won't interfere in the matters of school otherwise school has the right to expell my ward.
I also declare that my child will not create any nusiance/indiscipline in the school.
I also declare that I shall abide by the rules & regulations of the school.

Sig. Parent/Guardian

FOR OFFICE USE ONLY

Received Rs. _____as registration fees Vide Receipt No. _____ DATED _____ On A/c of admission in class _____	SCREENING COMMITTEE Class Teacher. Co-ordinator.	ACCOUNTANT	PRINCIPAL