

Affiliation No. 530351

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01686-262833

01686-262333



# KALI RAM DAV PUBLIC SCHOOL, SAFIDON

(English Medium, co-educational, Sr. Sec. School, Affiliated to C.B.S.E., Delhi)

(Directly Managed by DAV College Managing Committee, New Delhi-55)

e-mail:krdavps@yahoo.com, website : www.krdavsafidon.com

Registration No. ....  
Receipt No. ....  
Date .....

## REGISTRATION FORM

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recent coloured  
passport size  
photo

Serial No. **032**

Kindly register my son/daughter for admission to class ..... (indicate Medical/Non-Medical/Commerce for Sr. Sec. classes) in your School for the session 201 \_ - 201 \_ . The relevant particulars of the child are given below :

1. Name of the Child (in Block Letters) .....
2. Date of Birth (in Words) .....
3. Father's Name (in Block Letters) .....
4. Mother's Name (in Block Letters) .....
5. Aadhar Card No. (Student) ..... Father ..... Mother .....
6. Residential Address .....
- Contact No's : Land Line (Resi.) ..... Mobile .....
7. Subjects Required (for Secondary/ Senior Secondary classes) :  
i) ..... ii) ..... iii) .....  
iv) ..... v) ..... vi) .....
8. Name of the School last attended .....
9. Name of the Board .....
10. Caste Category : SC  BC  OBC  General   
(Attach Proof, if other than General)
11. If the child is Physically challenged / any other Medical Problem, give details .....

Signature of Father / Mother

Date of Adm. Test ..... Time .....

Signature of Registration Authority

Date .....

Master/ Miss ..... son / daughter of  
Shri ..... is hereby registered for admission to class ..... vide  
Registration No. .... The Admission Test/ interaction will be held on ..... at .....

Date .....

Signature of Registration Authority

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