

GURU NANAK DEV
D.A.V. PUBLIC SCHOOL, BHIKHIWIND (TARN TARAN)



Directly Managed by D.A.V. College Managing Committee, New Delhi
Affiliated to C.B.S.E. Delhi (No. 1630208)

For office use only		
Receipt No.....	Amount Received.....	Balance (if any).....
Class.....	Section.....	Roll No..... Admission No.....

**Affix One
Photo Here**

REGISTRATION CUM ADMISSION FORM

1. Class _____ 2. Name of the Pupil (in block letters) _____
3. Date of Birth _____ Age _____
4. Father's Name (in block letters) Mr. _____
5. Mother's Name (in block letters) Mrs. _____
6. Father's Qualification and Occupation _____
If in service Designation _____
7. Mother's Qualification and Occupation _____
8. Address : Residence _____
: Office _____
9. Telephone No. : Residence _____ (M) : _____
: Office _____ (M) : _____
10. Name of the Previous School (if any) _____
11. Class in the Previous School _____
12. Whether Brother/Sister studying in the school _____
(Give Name, Class & Section)

Help us to help your child

1. Has the vaccination of the child been completed ? Submit a copy of the vaccination card _____
2. Is the child friendly and co-operative in family ? _____
3. Any special feature of the child _____
4. Is the family in the habit of buying books ? _____
5. What Newspapers/Magazines are subscribed to ? _____

NOTE : 1. No amount except security will be refunded. It should be claimed within one month of leaving school.

2. Date of Birth Certificate must be submitted at the time of Admission.

3. Intimation for leaving school should be given fifteen days in advance. Fees for two months will be charged.

I have read all the rules of the school given in the prospectus and I will abide by them.

I agree to fully co-operate with the school authorities and understand that any activity on the part of my ward/or myself, detrimental to the smooth functioning of the school, can lead to the striking off the name of my ward from the school rolls.

Sign. of Parents

Supv./Co. nator

Acc./A. Acc.

Principal

Dated _____

Respected Sir,

Kindly allow me to pay School Admission Charges (2014-2015) in Two/Three installments, keeping in mind my financial position. I will be highly obliged for this kind act.

TOTAL _____

1st _____

2nd _____

3rd (if any) _____

Order of the Principal

Yours Faithfully

Name of the Parents _____

Signature _____

Mobile No. _____

Dated _____

Respected Sir,

Kindly allow fees concession to my ward for the session 2014-2015 on the following basis. (I will be highly obliged for this kind act)

1. Brother/Sister
2. Financially Poor Girl Child
3. Weaker Section/Reserved Category
4. Fatherless
5. Any other Reason with facts

Recommendation from Fee Concession Committee

	Name	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____

Amount

Fee detail after Concession

Concession in Admission Charges _____

Concession in Monthly Fees (if any) _____

Yours Faithfully

Name of the Parents _____

Signature _____

Mobile No. _____

Order from Chairman/V. Chairman/R.D./Manager/Any Other Member

Approval from Principal