

## D.A.V. PUBLIC SCHOOL

(Affiliated to Central Board of Secondary Education, New Delhi)

(Under the Direct Control of D.A.V. College Trust and Management Society, New Delhi)

Main - 19, Sitaram Nagar, Velachery, Chennai – 42.

Primary - Vatika – Plot No. 131 & 132, 130 & 135, Bhuvaneshwari Nagar, 2<sup>nd</sup> Main Road, Velachery, Chennai – 42.

School E-mail Id :- [davpsmma@yahoo.co.in](mailto:davpsmma@yahoo.co.in) School Website :- [www.davpsvelacherychennai.edu.in](http://www.davpsvelacherychennai.edu.in)

**INFORMATION SHEET – 2024 – 2025** (Std. I – Std. VIII) Date: \_\_\_\_\_

**IMPORTANT:** Kindly note that submission of “Information Sheet” does not give any right to Admission in School.

Name of the Pupil (in Capital Letters) \_\_\_\_\_

Class in which admission is sought : \_\_\_\_\_ Distance of Residence from School \_\_\_\_\_

Local Residential Address : \_\_\_\_\_

Pincode \_\_\_\_\_

Name of the school in which student is currently studying \_\_\_\_\_

Complete Address of the current School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Board of the School where student is studying now.  CBSE  ICSE  STATE

Mention the reason for seeking admission in DAVPS \_\_\_\_\_

<b>Date of Birth</b>	<b>Date</b> ____ <b>Month</b> ____ <b>Year</b> ____	
<b>Exact Age as on 31.03.2024</b>		
<b>Nationality and Religion</b>	<b>NATIONALITY :-</b>	<b>RELIGION :-</b>
<b>Gender (Please tick)</b>	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	
<b>Mother Tongue</b>		
<b>Second Language</b> <input type="checkbox"/> HINDI <input type="checkbox"/> TAMIL		
<b>Note : Study of Tamil is Compulsory for Students who opt for Hindi as Second Language</b> <b>Study of Hindi is Compulsory for Students who opt for Tamil as Second Language</b>		
<b>Whether Father or Mother has studied Hindi</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, Father has studied in</b> <input type="checkbox"/> School <input type="checkbox"/> College <b>Mother has studied in</b> <input type="checkbox"/> School <input type="checkbox"/> College		
<b>DETAILS OF PARENTS</b>	<b>FATHER</b>	<b>MOTHER</b>
<b>Name</b>		
<b>Educational Qualification</b>		
<b>Occupation</b>		
<b>Name of the Organisation currently working</b>		
<b>Designation</b>		
<b>Income per Month</b>		
<b>Mobile Number</b>		
<b>E-mail Id</b>		
<b>Local Office Address of Father</b>	<b>Local Office Address of Mother</b>	
Chennai _____	Chennai _____	

Signature of Mother \_\_\_\_\_

Signature of Father \_\_\_\_\_

**Note:** 1. Submit a copy of the Birth Certificate along with this Information Sheet.

2. Submit Latest Mark Statement of the Current Class.