

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		

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