



DAV PUBLIC SCHOOL, KANYAPUR, ASANSOL (W.B.)

Opp. to D.M. Office, P.O.-R.K.Mission, Asansol, Dist.- Paschim Bardhaman, Pin-713305 (WB)

ADMISSION FOR THE SESSION _____ Form Serial No. _____

To be filled by the office

Registration No. _____
Admission No. _____
Date : _____

FOR THE CLASS _____

CLASS TO WHICH ADMISSION IS SOUGHT _____

Affix a recent Passport size coloured Photograph of the candidate	Affix a recent Passport size coloured Photograph of the Father	Affix a recent Passport size coloured Photograph of the Mother	Affix a recent Passport size coloured Photograph of the Guardian (If father/mother is not the Guardian)	Nationality _____ Religion _____ Category : GEN / OBC / SC / ST 2nd language : Hin. <input type="checkbox"/> Beng. <input type="checkbox"/> Gender : M <input type="checkbox"/> F <input type="checkbox"/> Blood Gr.: <input type="checkbox"/>
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Please use CAPITAL LETTERS	Name of the Applicant	_____
	Date of Birth	DD _____ MM _____ YYYY _____
	Aadhar no. of the Applicant	_____
	Father's Name	_____
	Mother's Name	_____
	Name of the school last attended with Address	_____
	Name of the Board	_____ Affiliation No. _____
	Percentage of Marks / Grade obtained in the last examination	_____
	1. Permanent Address	_____ PIN : _____
	Present Address	_____ PIN : _____
Ph. No.(s)/Mobile No.(s) 1) _____ 2) _____	Email : _____	
2. a) Sibling (own brother / sister only) (Tick the appropriate) Yes <input type="checkbox"/> No <input type="checkbox"/>	b) If sibling is in the same school, give details of sibling Sibling's name _____ Class _____ Section _____ Admn. No. _____	
3. School Alumni (Put a (✓) mark in appropriate box) (A) Father : Yes <input type="checkbox"/> No <input type="checkbox"/> (B) Mother : Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, year of passing _____ Please attach a photo copy of Mark Sheet in support of the same		
4. Child with Special Needs : Yes <input type="checkbox"/> No <input type="checkbox"/> If, Yes attach medical document in support of the same		
5. If handicapped : Type of Handicap & percentage _____ (Attach Medical Certificate)		
6. Educational Qualification (A) Father's _____ (Mention the highest qualification) (B) Mother's _____		
7. Parent's Occupation :		
Father's Occupation _____	Mother's Occupation _____	
Name of the Organisation _____	Name of the Organisation _____	
Designation _____	Designation _____	
Address _____	Address _____	
_____ Ph. No. _____	_____ Ph. No. _____	
Annual Income _____ (Please attach proof)	Annual Income _____ (Please attach proof)	
Single Parent (Put a (✓) mark, if applicable) Father <input type="checkbox"/> Mother <input type="checkbox"/>		

DAV PUBLIC SCHOOL, KANYAPUR, ASANSOL

ACKNOWLEDGEMENT

Form Serial No. _____

Received the Admission form from _____ for Class _____

His / Her Registration No. is _____ Date of Interaction / Written Test/ Interview on _____

at _____ a.m / p.m

List of Supporting Documents to be produced by the Parents at the time of Submission of Form :

1. Date of Birth Certificate of the Child. (Attested).
2. Proof of present & Permanent Address (Attested).
3. Photocopy of Proof of Sibling. (Wherever Applicable).
4. Photocopy of proof of Alumni. (Wherever Applicable).
5. TC in Original (Wherever Applicable) For outside state candidate TC must be countersigned by D.I. of Schools/ Regional Officer of the Board of concerned Region.
6. Attested Photocopy of Mark Statement, (Wherever Applicable).
7. Attested Photocopy of highest qualification of Parent and Guardian (Wherever Applicable).
8. Medical Certificate of child (for child with special needs/and handicapped).
9. Attested Photocopy of SC/ST/OBC (if applicable).
10. Photocopy of Blood Group of the Child attested by the parent.
11. Income Proof Certificate.
12. PEN No. (Personal Education Number) / Student Id (if applicable)

I/We hereby certify that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/Admission process without any correspondence in this regard. I/We also understand that the application/registration/short listing does not guarantee admission to my ward, I/We accept the process of admission undertaken by the school and I/We will abide by the decision taken by the school authorities.

- I hereby declare that the particulars given in respect of my son/daughter/ward are true to the best of my knowledge and I shall not request the authorities for any alteration in date of birth etc. given above.
- My ward will attend classes regularly as per CBSE norms and will fulfill the criteria of attendance i.e. 75%
- My ward will pass in every subject as well as in aggregate in all the examinations held during the session.
- He or she, if found involved in any indisciplinary activity in the school, his/her T.C. shall be sent to my residence.

Signature of the Mother
Name of the Mother

Signature of the Father
Name of the Father

Signature of the Local Guardian
Name of the Guardian (If, father/mother is not the guardian)
Address

Date: _____

Date: _____

Date: _____

FOR OFFICE USE: ADMITTED TO

Class _____ Section _____ on _____ Scholar's Regn. No. _____

I/C Admission

Clerk

Principal