**Maharaja Harisingh DAV Centenary**

**Public School Akhnoor (J&k)**

**(Affiliated to CBSE & Managed by DAV CMC, New Delhi)**

**E-mail: -** [**mhdav2437@yahoo.com**](mailto:mhdav2437@yahoo.com) **Website: - www.mhsdavakhnoor.org**

**REGISTRATION CUM ADMISSION FORM**

**Admission for Class:-……………….**

Photo

(Father)

Photo

(Mother)

Photo

(Student)

* Form No:-………………………………..
* Admission No:-………………………..

(To be filled by the Office)

1. Student’s Name (in Block Letters) ………………………………………………………………………………..
2. Gender: - Male / Female ………………………………………………………………………………………………

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

1. Date of Birth(dd/mm/yy)

(DOB in words)………………………………………………………………………………………………………………

1. Residential Address:-……………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………

1. Permanent Address:-……………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………

1. Blood Group…………………………. Religion……………………………. Caste…………………………………
2. Community SC ST OBC GEN OTHERS
3. Students Aadhar No. ……………………………………………………………………………………………………..
4. Father’s Name (in Capital)………………………………………………………………………………………………

Qualification…………………………………… Occupation ………………………………………………………….

Specify Occupation / Nature of Business …………..……………………………………………………………

Annual Income ……………………… Business / Office Address……………………………………………..

Telephone …………………………… e-mail ………………………………………………………………..

1. Mother’s Name (in Capital)…………………………………………………………………………………………….

Qualification ……………………………………. Occupation (if any) …………………………………………….

Specify Occupation / Nature of Business ……………………………………………………………………….

Annual Income ……………………… Office Address (if any) ………………………………………………….

Telephone ………………………… e-mail ………………………………………………………………..

1. Name of Local Guardian (if Any) …………………………………………………………………………………….

Relation with Student ……………………………………….. Telephone ………………………………………..

1. School Transport Required: **Yes / No** (if yes, Place / Point of Boarding)……………………………

…………………………………………………………………………………………………………………………………………

1. Medical History & Allergies (if any) ………………………………………………………………………………….
2. For Staff Ward only (Name of Staff Member)………………………………………………………………….

Designation (Regular / Contractual) …………………………………………………………………………………

1. Name of the real brother / sister studying in the School ………………………………………………….

Class & Section……………………………….. Admission No. ……………………………………………………….

1. Previous Year’s Educational Record of the Student:

School (in which studied) Class Year

…………………………………………………….. ..………………………… ………………………………...

1. Date of Leaving the last Attended School (if applicable) ………………………………………………….
2. Hobbies / Games and Sports activities in which interested ……………………………………………..

…………………………………………………………………………………………………………………………………………

1. Special information provided by the Parents / Guardian …………………………………………………

**Documents required at the time of Registration**

1. Self Attested copy of Birth/Registration Certificate with name of student (from municipality or Authorized agency).
2. Documents confirming correct name of Father & Mother (Preferably copy of State Subject or Aadhar Card/ Educational qualification or other authentic documents)

**Documents to be deposited at the time of Admission or within one month of Admission**

1. (Original) Countersigned Transfer Certificate from previous school for Student of Class 2nd onwards.
2. Copy of Result Report Card of the previous class.

**Declaration**

I ……………………………………………………..... have the authority to admit my child/ ward named

above in this School as a parent / legal guardian.

I undertake the responsibility of providing any evidence needed to support the information

Provided in the Form , if necessary for any reason. I declare that the statements provided in

the application are correct to the best of my knowledge and if found otherwise, I shall abide

by the decision of the management. I agree to abide by the rules , regulations and fee

structure of the school.

Date:- \_\_\_\_\_\_\_\_\_ **Name & Sign. of Parent / Guardian**

**For Office use only**

|  |  |
| --- | --- |
| * Test qualified for Adm. to class   ………………………………………………………….   * Sign of Adm. In-charge with date   …………………………………………………………. | Regn. Fee Receipt No. ………………………………….  Date …………………………………………………………….  Amount ……………………………………………………….  Sign of Fee In-charge…………………………………… |

**Admission In-charge PRINCIPAL**