



DAV SR. SEC. PUBLIC SCHOOL, KOTKAPURA

REGISTRATION FORM

Name of Pupil (in capital letters) : _____

Class in which admission is sought : _____

Age as on 31st March 2017 : _____

Health status : _____

Family : _____

Father's Name : _____

Qualification : _____

Occupation : _____

Mother's Name : _____

Qualification : _____

Occupation : _____

No. of Brother/Sister : _____

If studying in DAV Public School : _____

Which Class : _____

Last School Attended (if any) : _____

Reason for leaving the previous school : _____

Person to be contact in case of emergency : _____

Name & Full Address with Phone/Mo. No. : _____

Remarks by Selection Committee : _____

Signature of Parent/Guardian