

For Office Use Only

Amount
Receipt No.
Date
Sign. _____



LIONS D.A.V. PUBLIC SCHOOL

C.C.I ROAD, AKLATARA, DISTT : JANJGIR - CHAMPA (C.G.)
(Affiliated to C.B.S.E., Affiliation no. 3330073, School No. 15141)
(DAV School Code : CG-016; Mobile No. : 7470792201
E-mail : lionsdavakt@gmail.com Website : lionsdavakaltara.com



APPLICATION FOR REGISTRATION

Form No. _____ TO CLASS

STUDENT'S INFORMATION (To be filled in Capital Letters Only) Aadhar No. _____
Name of the Student _____ Gender _____
D.O.B. _____ Blood Group _____ Religion _____ Caste/Category _____
Father's Name _____ Mother's Name _____

CONTACT INFORMATION

Present Address Address _____
Distt. _____ State _____ E-mail _____
Permanent Address Address _____
City _____ Distt. _____ State _____
Under RTE Act Staff Ward General Any Other

Father's Information Qualification _____
Occupation _____ Monthly Income _____
Father's Mobile No. _____
Mother's Information Qualification _____
Occupation _____ Monthly Income _____
Mother's Mobile No. _____

PREVIOUS SCHOOL'S INFORMATION

Name of the School _____ Address _____
City _____ State _____ Ph. No. _____ Board _____
Last Exam appeared-Class _____ Year _____ Marks/CGPA _____ Status _____

DETAILS OF REAL BROTHER(S) & SISTER(S) STUDYING IN LIONS D.A.V. AKALTARA

S.No. Name Class Section
1. _____
2. _____

MEDICAL FITNESS CERTIFICATE

Certified that I have examined Son/Daughter of
and he/she in mentally and physically fit to undertake the schooling
Signature of Medical Officer _____

TRANSPORT

1. Do you want to avail the transport facility Yes No
If yes Name of the Bus Stop

Undertaking

I certify that information furnished above is complete and correct to the best of my knowledge. I understand that the registration of my ward has no guarantee of admission to the school.
Parent's Signature _____
Name

STUDENT'S OFFICIAL INFORMATION (To be filled in by the School Office only)

Admission No. _____ Date of Admission _____ Class _____ Section _____ Session _____
Fee Category _____ Student's Status _____

PRINCIPAL'S REMARKS

Admit the child in class _____ Section _____
Signature of the Principal _____

Acknowledgment

065
Name of the Student Class
Date of the Interview Time Registration No.
Receiver's Signature _____