



C.L. AGGARWAL D.A.V. MODEL SCHOOL

Affiliated to UT Board, Chd. Managed by DAV College Managing Committee, New Delhi

ADMISSION FORM

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S.No. _____ Admission No. _____ Dated. _____

PARTICULARS

1. Name (in Block Letters) _____
2. Date of Birth (in Figures) _____
(in words) _____
(Attach Certificate) _____
3. (a) Father's Name & Designation _____
(b) Mother's Name & Designation _____
4. Residential Address & Tel. No. if any _____
5. Profession of Father / Guardian _____
6. Official or Business Address _____
7. Tel. No. (if any) _____
8. Monthly income _____
9. Relation with the child _____
10. School Previously attended _____
11. Whether Harijan or Backward Class _____
12. Medium of instruction _____
13. Class to which admission is sought _____

Madam

I respectfully request you to admit my son / daughter _____ to your school. His / Her particulars are given above. I am not enclosing his / her Discharge Certificate from the previous school. I declare that the he has not so far attended any recognized elementary school and the information given above is true to the best of my knowledge and belief.

Signature of the Parent / Guardian

Recommendation _____

Admitted to _____

For Office use

Dues relized _____

Account Clerk