

## D.A.V. CENTENARY SR. SEC. PUBLIC SCHOOL KOTKHAI(SHIMLA) 171202

(Under DAV College Managing Committee, New Delhi)
Affiliated to CBSE(Affiliation No. 630076& School No. 43066)

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Phone No. 01783-255132, 98054-19310

(Application for Registration)

|  |                               | Sr. 1                            | No                       |
|--|-------------------------------|----------------------------------|--------------------------|
| The Principal<br>Sir/Madam                 |                               |                                  |                          |
| I request you to refor admission to Class  |                               | ward                             |                          |
| Tor udinission to Class                    | in yo                         | our serioor.                     |                          |
| ·  | ŕ                             |                                  |                          |
| 2. Gender                                  |                               |                                  |                          |
| 3. Date of birth (in figure                | 3. Date of birth (in figures) |                                  | py of Birth Certificate) |
| (in words)                                 |                               |                                  |                          |
| 4. Class and School last a                 | attended (if any): Class      |                                  |                          |
| School                                     |                               |                                  |                          |
| (Result                                    | (Result                       |                                  | )                        |
| 5. Category: SC/ST/O                       | BC/ General                   |                                  |                          |
| 6. Parent's Information:                   |                               |                                  |                          |
| Particulars                                | Father                        | Mother                           |                          |
| Name                                       |                               |                                  |                          |
| Occupation                                 |                               |                                  |                          |
| Permanent / Official<br>Address            |                               |                                  |                          |
| Mobile Numbers<br>(Contact & Whatsapp No.) |                               |                                  |                          |
| E-mail Id                                  |                               |                                  |                          |
| 7. Whether Sister/ Brothe                  | tr studying this school.      | (If so, state name, class & sect | tion)                    |
|  |                               |                                  | ,                        |
|  |                               |                                  |                          |
| I hereby affirm that the particu           | ulars given above are tr      | rue to the best of my knowledg   | e and belief.            |
|  |                               |                                  | Varing faithfully        |
|  |                               |                                  | Yours faithfully         |
| Date:                                      |                               | 1                                | Name                     |
|  |                               |                                  | Signature of parent      |
|  |                               | <u>vledgement)</u>               |                          |
| Received Rs f Son/D/o f                    | C                             | on fee in respect of ss          | •••••                    |
| Date:                                      |                               |                                  | Signature                |