

DAV MODEL SCHOOL SECTOR-15 A, CHANDIGARH

Phone No. 0172-3527215, 3527200

Admission Form

Photograph
With
Current Date

To be filled by Office

Admission No.

Class to which admission soughtSession

Subjects taken (XI/XII only)

Details of Student/Candidate seeking admission:

1 Name in (CAPITAL LETTERS):

2 Gender: Male ☐ Female ☐ Transgender ☐

3 Date of Birth: Date..... Month..... Year

In Words

(Attach Date of Birth Certificate issued by the Competent Authority)

4 Aadhar No. of student (Attach proof)

5 Details of Parents:

| Detail | Father | Mother |
|---------------------------|--------|--------|
| Name (Capital Letter) | | |
| Educational Qualification | | |
| Residential Address | | |
| Permanent Address | | |
| E-mail | | |
| Occupation | | |
| Official Address | | |
| Contact No. | | |
| Annual income | | |
| Aadhar No. | | |

Name: Address

Phone No.: Email Id

7 If the candidate is: -

(i) CWSN

Yes

No

(ii) **Single Girl Child:**

Yes

No

(iii) Belonging to EWS:

Yes

No

(iv) Attach documents

Yes

No

8 **Category (Attach proof):** General ☐ SC ☐ ST ☐ OBC ☐

9 **Minority:** Muslim ☐ Sikh ☐ Christian ☐ Buddhist ☐ Jains ☐ Parsi ☐ NA ☐

10 Name & Address of the school last attended:

11 Class last attended.....

12 Third language option: Sanskrit (Upto VIII) Punjabi (Upto X)

13 Skill Subject (Only for IX-X) IT ☐ Food Production ☐ MKT ☐ B&W ☐

14 UDISE No. of Previous School

15 **PEN (PERMANENT EDUCATION NUMBER)** of Student if any

16 **APAAR ID of Child (Academic progress & co-curricular achievement):**

17 ABHA ID (Health ID)

18 Details of previous school attended

Affiliated to

(i) CBSE (ii) ICSE (iii) International Board

(iii) State Board (iv) any other (please specify)

19 Academic record of class last attended:

[illegible]

In case Result is awaited mention the submission date of result:

20 Transfer Certificate Details*:

Transfer Certificate No..... Date of Issue.....

(In case, student is from other state, Transfer Certificate should be countersigned by the competent Authority)

21 Details of Siblings (if Any)

| Name | Brother/Sister/TG | Age | If Studying, School's name |
|------|-------------------|-----|----------------------------|
| | | | |

22 Subject opted for class XI and XII

1. 2.....3.....
4..... 5.....6.....

23 School Transport Required

Yes ☐ No ☐

Mode of Transport

By School Transport ☐

Self ☐

Auto ☐

Parent ☐

- Note:**
1. Please fill transport Form if school transport is required.
 2. Parents are requested to update phone no. and address to school office in case of any change.
 3. Students are not allowed to bring Mobile phone/ any gadget in the school. Once confiscated it will be returned after the session concludes.

DECLARATION

I hereby declare that I have noted the instructions given here in. I pledge to abide by the Rules and Regulations enforced by the school, and the Board during my studentship and not to associate myself with any activity that goes against the discipline of the institution.

Signature of Parents/Guardian

Signature of Applicant

Date.....

For office Use

Certified that the form has been checked and the student is eligible/ provisionally eligible.

Reason for provisional admission_____

Admission to Class:

Admission In -Charge:

Coordinator:

Date:

PRINCIPAL