



VEDA VYASA D.A.V. PUBLIC SCHOOL

D Block, Vikas Puri, New Delhi-110 018 • Tel. : 28535594, 28532292
Email : info@vvdav.com Website : www.vvdav.ac.in

REGISTRATION FORM - PRE-SCHOOL

Registration No.:

Date _____

Session : 201__ - 201__

Applicant's
Photograph

Father's
Photograph

Mother's
Photograph

1. Name of the Student : _____ Male Female
(in block letters) (Tick whichever is applicable)

2. Date of Birth : (in figures) Date Month Year
(in words) _____

3. Age as on 31/03/201__ Years Months Days

4. Residential Address _____

_____ Residence Phone No. _____

5. (a) Father's Name _____
Name of Office/Work Place & Address _____

Mobile _____ Email _____

(b) Mother's Name _____
Name of Office/Work Place & Address (if working) _____

Mobile _____ Email _____

(c) Details of Guardian (if applicable) _____
Name _____ Relation with Child _____
Tel. No./Address _____

Please Tick whichever is applicable:

(i) Neighbourhood	Vikas Puri <input type="checkbox"/>	Other Areas (on existing bus routes)** <input type="checkbox"/>	<input type="checkbox"/>
(ii) Sibling studying in this school If yes, Sibling's Name _____ Class & Section _____ Admission No. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
(iii) School Alumni If yes, Father <input type="checkbox"/> Year of Passing XII _____ Mother <input type="checkbox"/> Year of Passing XII _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
(iv) Children of (i) Defence Personnel (ii) Martyrs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
(v) Parent working in Sister Concern (D.A.V. Institutions) If yes, Give details _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

Note:

- (i) **Incomplete/incorrect** filled forms will be considered **invalid**.
- (ii) Original documents will be verified at the time of admission.
- (iii) No undertaking regarding the above mentioned documents will be accepted at the time of registration.

** Bus Routes are given on the School Website/School Notice Board.

UNDERTAKING

I _____ father/mother/guardian of _____
hereby declare the information given above by me is correct. Registration/Admission of my child may be cancelled if any information is found to be false.

Signature of Parent/Guardian

Name _____ Date: _____

Documents to be enclosed: (Self Attested Photocopies)

- (i) Date of Birth Certificate of the Applicant from Municipal Corporation.
- (ii) Proof of Residence.
- (iii) Proof of Sibling (Real Brother/Sister studying in this school) if applicable – Photocopy of last Fee Receipt.
- (iv) Proof of Alumni, if applicable–Photocopy of XII class C.B.S.E. certificate.
- (v) Proof of Defence Personnel–Relevant Documents.
- (vi) Proof of Employment in Sister Concern–Certificate from office.

TO BE FILLED IN BY THE OFFICE



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ACKNOWLEDGEMENT

Registration No. _____

Date _____

Name of the Applicant _____

Father's/Mother's/Guardian's Name _____

List of the Selected Candidates will be displayed on _____ at _____.

For any further information, please visit the school website.

Signature of the Official _____

Date _____