



REGISTRATION FORM

Narendra Deva Tel. - 05270-262142

D.A.V. Sr. Sec. Public School E-mail: davfzd@yahoo.com
(Affiliated To CBSE, New Delhi)

Under Direct Control of DAVCMC, New Delhi (Code No.- Up-002)

N.D. University of Agriculture & Technology Campus, Kumarganj Faizabad(U.P.)-224229

Name of the Student.....

Date of Birth (In Figures).....

In Words.....

Father's Name

Mother's Name

Guardian's Name & Relation

Father's/ Guardian's Occupation

Address (Residential)

.....Mob. No.....

Designation (If In Service)

Office /Business Address.....

Name of the Previous School Attended

Class in the Previous School

Date of Leaving The Previous School

Whether Belongs to SC/ST/OBC/Minority (Specify).....

Signature of Parent/Guardian.....

Admit To Class.....

Date.....

PRINCIPAL

FOR OFFICE USE ONLY

Registration No.....

Registration Fee.....

Receipt No.....

Date.....

Class.....

Section.....

Date of Entrance Examination.....

At Time 9:30 A.M.

Signature of the Account Clerk

