



D.A.V. PUBLIC SCHOOL

(Affiliated to Central Board of Secondary Education, New Delhi)

Main - 19, Sitaram Nagar, Velachery, Chennai - 600 042

Vatika - Plot No. 131 & 132 Bhuvaneshwari Nagar, 2nd Main Road, Velachery, Chennai-42
(Under the Direct Control of D.A.V. College Trust and Management Society, New Delhi)

Affix
Latest
Stamp
Size Photo of
Father

Affix
Latest
Stamp
Size Photo of
Mother

Affix
Latest
Stamp
Size Photo of
Student

(Do Not Stick Passport Size photos)

REGISTRATION FORM FOR THE ACADEMIC YEAR 201__ - 1__

FOR OFFICE USE - Form is complete Form is incomplete

Admission Number : _____

Admission to Std. XI

Date of Admission : _____

INSTRUCTIONS : 1. Kindly fill the form in CAPITAL LETTERS & AVOID OVER WRITING.

2. The candidate's name must be filled in as given in the Hall Ticket of Std. X Board Examination.
3. If any field is left blank in the form or if any of the required document is not submitted, then the form will be viewed as 'incomplete' and will be rejected.
4. It is Mandatory to fill up columns in Sl. No. 24, failing which the form will be considered incomplete.
5. Fields with (*) are required for the statistical data to be provided to the Government Authorities.
6. Parents 'on transfer' must fill only Chennai residential address, office address and phone no. in this form.

1. Student's Name

2. Date of Birth (in figures) : 3. Sex : Male Female 4. Blood Group:
Date Month Year

Date of Birth (in words) _____

5. Exact age as on 31.5.201__ : Years Months Days 6. Mother Tongue _____

7. Nationality : Father _____ Mother _____ Student _____

8. Place of Birth : a. **Student** : State _____ City _____

b. **Father** : State _____ City _____ **Mother** : State _____ City _____

9. Religion * : Father _____ Mother _____ Student _____

10. Community * : OTHERS SC ST BC MBC OBC Denotified Community

11. Particulars of the School where student studied Std.X / is currently studying:

a. Name of the School : _____

b. School Address : _____

City : _____ Pin: _____ Ph : _____ E-mail : _____

c. School is affiliated to CBSE ICSE IGCSE Any other : _____

12. Is the child handicapped? If yes, specify the nature of handicap _____

13. Residence Address : _____

PIN

14. Distance from Residence to School : within 1Km 1- 3Kms 3 - 5 Kms 5 - 8 Kms above 8 Kms

15. Mode of Transport likely to be used to commute to School :

Walk Bicycle Parent driven Two wheeler Own car Hired Van / Auto

16. a) Has the candidate's Brother/Sister applied for Admission to any other class in this school: Yes No

b) If Yes - Name : _____ Class to which admission is sought: _____

17. ABOUT SIBLINGS (Do not give information about the cousins of your ward)

Sl. No.	Name of own Brother / Sister	Class & Sec.	Studying in D.A.V.P.S. (✓)	Name of the School / College other than D.A.V.P.S.
1.				
2.				

18. PARENTS - **STAFF OF D.A.V. PUBLIC SCHOOL, CHENNAI**a) Father Yes No Years of Service as on date _____b) Mother Yes No Years of Service as on date _____19. **INFORMATION ABOUT PARENTS** (It is mandatory to fill up all the particulars of both the parents)

Particulars	FATHER		MOTHER	
	Designation	Department	Designation	Department
a) Name of the Parent as stated in the Student's Hall ticket of Std. X				
b) Age	<input type="text"/> Years		<input type="text"/> Years	
c) Educational Qualification (Specify Degree)				
d) Name of the Organization where employed				
	<input type="checkbox"/> Gazetted	<input type="checkbox"/> Non-Gazetted	<input type="checkbox"/> Gazetted	<input type="checkbox"/> Non-Gazetted
e) Business (Specify the nature of business)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f) Office Address/ Business Address	_____ _____ _____ Chennai - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		_____ _____ _____ Chennai - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Chennai Office Phone :	044 - _____		044 - _____	
Mobile No.:				
E-mail ID				
g) Income :	Rs. _____ Per month		Rs. _____ Per month	

20. INFORMATION ABOUT PARENTS (It is mandatory to fill up all the particulars of both the parents)

EMPLOYMENT OF PARENT				Please (✓) in appropriate column						
	Employed in State Govt.	Employed in Central Govt./Public Sector	Professional Practice - Doctor/C.A., Lawyer Any other	Employed in				If Employed in the field of Education (Specify)		
				Private Company	IT	Non - IT	Self Employed (Specify)	School	College	University
Father's Employment										
Mother's Employment										

21. Whether Student has a 'Legal Guardian' Yes Not-Applicable

a) If yes, does the student have a legal guardian in place of Father Mother Both

b) If yes, please submit the legal documents of guardianship.

22. Whether Student is an 'Adopted child' Yes Not-Applicable

If yes, please submit the 'legal documents' of adoption

23. LOCAL GUARDIAN - TO BE FILLED IN BY THOSE PARENTS WHO WILL NOT BE STAYING IN CHENNAI DUE TO AN OVERSEAS ASSIGNMENT OR SOME OTHER CIRCUMSTANCES AND WHOSE WARD WOULD BE STAYING WITH LOCAL GUARDIAN FOR A SHORT DURATION.

LOCAL GUARDIAN - Applicable Not Applicable

Affix Latest Stamp Size photo of Local Guardian

1. Name of the Local Care-taker / Guardian : _____ 2. Age : _____ years.

3. Reason for staying with the Local Guardian : _____

4. Educational Qualifications of the Local Guardian : _____

5. Relationship with student's Father / Mother : _____ 6. Student _____

7. How long will the child stay with the Local Guardian : _____ (Mention exact date and month)

8. Residence Address of the Local Guardian

a) The Local Guardian is
 Working Retired

b) Office Address:

☎ Res. _____

☎ Off. _____ Extn. _____

Mobile No. _____

Signature of the Local Guardian _____

24. STATEMENT OF MARKS OBTAINED IN CLASS X (It is Mandatory to fill up this information)

CLASS	STD IX	STD X				Father's Sign	Mother's Sign
	Overall Grade	Periodic Test - 1 Out of 100	Periodic Test - 2 Out of 100	Periodic Test - 3 Out of 100	Average % of 3 Periodic Tests		
English							
Mathematics							
Science							
Social Science							

A Self Attested Copy of the 'Board Result' should be Submitted on the Day of Declaration of the Result by Board

25. PARTICIPATION IN EXTRA CURRICULAR ACTIVITIES: WRITE THE NAME OF THE ACTIVITY IN THE BOX

S.No.	NAME OF THE SCHOOL	NAME OF THE ACTIVITY AND LEVEL OF PARTICIPATION					
		SCHOOL LEVEL	INTER SCHOOL LEVEL	DISTRICT LEVEL	STATE LEVEL	ZONAL LEVEL	NATIONAL LEVEL
1.							
2.							
3.							

Attach Self Attested Xerox copies of certificates and a separate write up, if required.

26. PARTICIPATION IN SPORTS/ GAMES: WRITE THE NAME OF THE GAME/ SPORTS ACTIVITY IN THE BOX

S.No.	NAME OF THE SCHOOL	NAME OF THE ACTIVITY AND LEVEL OF PARTICIPATION					
		SCHOOL LEVEL	INTER SCHOOL LEVEL	DISTRICT LEVEL	STATE LEVEL	ZONAL LEVEL	NATIONAL LEVEL
1.							
2.							
3.							

Attach self attested Xerox copies of certificates and a separate write up, if required.

27. CHOICE OF GROUP : (tick the box)

Allotment of Group will depend on the marks obtained in Std. X and the merit.

1st preference

2nd preference

Group I - English Core, Mathematics, Physics, Chemistry, Biology

Group II - English Core, Mathematics, Physics, Chemistry, Computer Science

Group III - English Core, Accountancy, Business Studies, Economics, Mathematics