(Affiliated to C.B.S.E. New Delhi)

Affiliation No.:630028

Website: davuna.org School Code.: 43020

Phone: 01975-223338

Admission Registration Form

(For the Academic Session 2025-2026)

Personal Information:

- **Full Name of Student:**
- 2. Date of Birth (DD/MM/YYYY):
- 3. Age as on 31.03.2025......Years.....Months......days
- 4. Gender:
- 5. Nationality:

Parent/Guardian Details:

- 6. Father's Name:
- 7. Mother's Name:
- 8. Aadhar card no. of Student:
- Aadhar card no. of Father:
- 10. Aadhar card no. of Mother
- 11. Parent/Guardian Contact Number:
- 12. Parent/Guardian Email Address:
- 13. Address for Correspondence:

Admission Information:

- 14. Grade/Class Interested In:
- 15. Any Specific Queries or Concerns please contact: 9857896222, 8894599656

Note:

- Registration charges Rs 1000/- (non refundable), if the child get admitted it will adjust in admission fee.
- Admission will be granted subject to an interview with both the child and the parent/guardian. The interview will be conducted by our Selection Committee to assess the suitability of the candidate for our academic and cultural environment.