

Registration No. .... Category  General

Receipt No. .... Dated.....  Police

Affix Your recent  
Passport Size  
Photograph



# D.A.V. POLICE PUBLIC SCHOOL

NEW POLICE LINES, DELHI ROAD, REWARI

## APPLICATION FORM

### Student's Detail

Name.....  Male  Female

Date of Birth (in figures)..... (in words).....

..... Class for which Admission is sought.....

Home Address.....

Telephone..... E-mail.....

School Last Attended.....

Medium of instruction..... Last Exam Passed.....

Board of Exam..... Aggregate Marks..... Percentage.....

### Father's Detail

Name.....

Education.....

Office Address.....

Telephone.....

### Mother's Detail

Name.....

Education.....

Office Address.....

Telephone.....

Brother's Sister's Detail.....

Whether real brother or sister studying in this school  Yes  No

If Yes, Give Name..... Class..... Section.....

Subject : 1..... 2..... 3..... 4.....  
5..... 6..... 7..... 8.....

**Talent Search**

My Child is especially talented in

- |                                   |                                       |  |                                    |                                      |
|-----------------------------------|---------------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Studies  | <input type="checkbox"/> Debates      | <input type="checkbox"/> Sports                    | <input type="checkbox"/> Action    | <input type="checkbox"/> Declamation |
| <input type="checkbox"/> Music    | <input type="checkbox"/> Computers    | <input type="checkbox"/> Art/Craft                 | <input type="checkbox"/> Art/Craft | <input type="checkbox"/> Quiz        |
| <input type="checkbox"/> Shooting | <input type="checkbox"/> Horse Riding | <input type="checkbox"/> Any Other(Please specify) |                                    |                                      |

**Parent's Profession**

Tick if you wish to help the school

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Doctor   | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Teacher                | <input type="checkbox"/> Any other (Pl. Specify) |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Lawyer        | <input type="checkbox"/> Chartered Accountant   |  |
| <input type="checkbox"/> Diploma  | <input type="checkbox"/> Architect     | <input type="checkbox"/> Business (Pl. Specify) |  |

I agree to abide by the rules and regulation of the school applicable from time to time. I accept that the decision of the School authority with regards to discipline and other matters would be final and binding.

Signature of Father/Mother/Gurdian

**Approval**

Admitted to class.....

Date .....

Principal

**FOR OFFICE USE ONLY**

Amount of fee received..... vide receipt no..... dated.....

Admitted to class..... Section..... Admission no. allotted.....

Office Incharge