



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 Bhuvanewari 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 202__ - 202__

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 31.5.202__ 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 ONLY (Not from any other D.A.V Institutions)

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 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

28.

TO BE FILLED IN BY PARENT AND VERIFIED BY THE SCHOOL OFFICE

Xerox copies of the following self attested documents is submitted along with the Registration Form.

| | TO BE FILLED BY PARENT | | OFFICE VERIFICATION | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Submitted | Not Applicable | Submitted | Not Submitted |
| i) Progress Report of Std. IX (Mandatory) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Progress Report - Periodic Test 1, 2 and 3 of Std. X (Mandatory) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Copy of Student's Aadhar Card (Mandatory) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) Proof of residential address (Any two) | | | | |
| <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Electricity Bill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Telephone bill <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Ration Card | | | | |
| <input type="checkbox"/> Rental Agreement / Sale Deed <input type="checkbox"/> Gas Bill | | | | |
| v) Identity card, if sibling is already studying in D.A.V. Public School, Chennai | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi) EMIS number (Mandatory) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vii) Community Certificate in the name of Student | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| viii) If employed in an Institution of Central Govt. / T.N. Govt. Defence, then attach copy of Identity card / letter from the concerned Dept. Head. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ix) Legal documents in support of 'Legal Guardianship' (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x) Legal documents in support of 'Adoption' (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xi) Latest <u>stamp size photo of student</u> - pasted on the Registration Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xii) Latest <u>stamp size photo of Father</u> - pasted on the Registration Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xiii) Latest <u>stamp size photo of Mother</u> - pasted on the Registration Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xiv) Legal Guardian's stamp size photo - pasted on the Special Form (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xv) A xerox copy of the Board Result should be submitted on the day of declaration of result | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xvi) Attested copy of the statement of Marks received from the Board. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Verified by : | | (Full Name) | |

29. DECLARATION BY THE PARENT(S)

- a) **I/We hereby declare that all information furnished in this form are true to the best of our knowledge. The Name and the Date of Birth in respect of our ward furnished by me / us in item No. 1, 2 and 5 are 'Correct' and I/We will not demand any change in it at a later date.**
- b) I / We shall abide by Rules and Regulations of the School.
- c) I understand that filling up of 'Registration Form' does not confirm the admission of my ward.

Signature of Legal Guardian
(if applicable)

Signature of Mother

Signature of Father

Date: _____

| |
|--|
| PROVISIONAL ADMISSION TO CLASS XI (202 - 202) (for Office use only) |
|--|

Date : _____

Name of the Student : _____

Provisionally admitted to Class XI : Group I II III_____
Signature of Father_____
Signature of Mother

The option of Group will be finalized based on the Result of the CBSE Board / other Board.

Admission In-Charge (Full Name)_____
Principal**The following have to be submitted to Admission Incharge on the re-opening day**

- 1) Colour Xerox of Self Attested Copy of Mark Statement issued by CBSE Board / Any other Board
- 2) Original T.C.
- 3) Xerox & attested copy of Migration Certificate (If applicable)

Date of Publication of Results : _____

Date of submission : _____

Signature of Admission Incharge

| |
|--|
| FINAL ALLOTMENT OF GROUP FOR CLASS XI |
|--|

For office use onlyMarks scored in Board Exam of CBSE Board ICSE Any other Equivalent Board

1) English _____ 2) Mathematics _____ 3) Science _____ 4) Social Science _____ 5) II Lang _____

He / She is finally admitted to Group:-

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

Date : _____

Signature of Principal

We hereby accept Group _____ offered to our ward.

Name of the Father : _____ Signature _____

Name of the Mother : _____ Signature _____