

Documents to be attached with Registration Form.

1. Photocopy of Date of Birth certificate of the applicant child attested by the parent.
2. Affix a latest passport size photograph of the child and family photograph on space provided in the Form.
3. Proof of residence (Father's Aadhar card/Passport/Voter ID card/Electricity Bill/Rent deed.(If staying on rented accommodation)
4. Self-attested photocopy of Certificate/Degree of the Highest Educational Qualification of both Father & Mother.
5. SC/ST/OBC certificate (if applicable).
6. In case of an adopted child, a copy of the adoption deed will have to be furnished.
7. Photocopy of Class IX report card.
8. Photocopy of Class X Pre-board result.
9. In case of a single parent, the following documents will have to be furnished.

| | |
|---------------|---------------------------------|
| Divorcee | Divorce decree |
| Separated | Legal Separation Document |
| Widow/Widower | Death certificate of the spouse |

Best of Luck!

Principal



(FOR CIVILIAN APPLICANTS)
POLICE DAV PUBLIC SCHOOL
Affiliated to CBSE, New Delhi, Vide Code No. 1630884
Police Line, Ludhiana (Pb.)

Phone: 0161-4665237, 4605237, E-mail: pdavldh@rediffmail.com

REGISTRATION FORM

**AFFIX LATEST
PHOTOGRAPH OF
THE STUDENT**

Form No. _____

Class to which admission is sought _____

Student's Details:

1. Name of the Student (in Block Letters) _____
2. Date of Birth _____ 3. Age as on 31st March, 2026 _____
4. Gender ☐ Male ☐ Female 5. Category _____
6. Religion _____ 7. Mother Tongue _____
8. Aadhar card No. /Enrolment No. (Optional) _____
9. Name & Class of the real Brother/Sister Studying in this school _____

Father's Details:

1. Name (in Block Letters) _____
2. Academic Qualification _____
3. Occupation _____ 4. Email _____
5. Office Address _____
6. Income per Month _____
7. Mobile Number _____

Mother's Details:

1. Name (in Block Letters) _____
2. Academic Qualification _____
3. Occupation _____
4. Mobile Number _____

Address:

1. Residence_____

2. Permanent_____

3. Pin code_____

Others Details:

1. Blood Group_____

2. Allergy (if any) _____

3. Disability (if any) _____

Whether want to avail school transport facility?

Yes

☐

No

☐

AFFIX A FAMILY
PHOTOGRAPH

(Father, Mother, Student)

I _____ Father/Mother/ Guardian of _____ certify that above information is true to my knowledge and no fact has been concealed there of.

Signature of Parents/ Guardian

FOR OFFICE USE ONLY

Regd. Fees _____ **Receipt No.** _____

Date _____ **Signature** _____

Adm. No. / Amount _____ **Date of Admission** _____