

D.A.V. PUBLIC SCHOOL S.E.C.L., GEVRA PROJECT

APPLICATION FOR ADMISSION

(AFTER FILLING THIS FORM ADMISSION CANNOT BE CLAIMED, AS IT WILL BE SUBJECTED TO AVAILABILITY OF VACANT SEATS)

(PLEASE FILL IN CAPITAL LETTERS ONLY)

1 Date of applying

D	D	M	M	Y	Y	Y	Y

2 Class in which admission is to be taken

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3 Name of the child (in Capital)

4 Parent's Name (in Capital)

5 Date of Birth

D	D	M	M	Y	Y	Y	Y

6 Age as on 1 April, _____ YEARS _____ MONTH _____ DAYS

7 Previous school name

8 Previous school's board name

C.B.S.E.	
C.G. BOARD	
I.C.S.E.	
Any other (please mention)	

9 Class 10 percent (for class 11 only)

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10 Stream (for class 11 only)

MATHS	
BIOLOGY	
COMMERCE	

11 Optional subject (for class 11 only)

PHYSICAL EDUCATION	
COMPUTER SCIENCE	
HINDI	
SANSKRIT	

S.No.	STATUS	DOCUMENTS REQUIRED	ENCLOSED DOCUMENTS (YES /NO)
1	SECL-	a) SECL employee identity card	
		b) Birth certificate of child	
2	SECL (Transfer cases) -	a) Birth certificate of child	
		b) SECL employee identity card	
		i) Transfer letter (xerox)	
		ii) Joining letter (xerox)	
3	CISF	a) CISF employee identity card	
		b) Birth certificate of child	
4	CISF (Transfer cases) -	a) Birth certificate of child	
		b) SECL employee identity card	
		i) Transfer letter (xerox)	
		ii) Joining letter (xerox)	
5	PAP (Project affected person)	a) Birth certificate of child	
		b) PAP certificate	
6	Staffward (DAV Gevra staff only)	a) Birth certificate of child	
7	Grandparent case	a) Birth certificate of child	
		b) Grandparent's SECL employee identity card	
7	NON -SECL /Others	a) Birth certificate of child	

12 Contact number a) Whatsapp

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b) Calling

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13. Address:

14. Parent's sign –

Note: In case, if any false information found, admission of the child may be cancelled at any point of time.

FOR SECL OFFICE

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FOR SCHOOL OFFICE

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