

## **D.A.V. PUBLIC SCHOOL**

Affiliated to C.B.S.E., New Delhi, vide No. 830029

(Under the Direct Management of D.A.V. College Trust and Managing Committee, New Delhi)

ACC COLONY, WADI-585225, Phone: (08476) 202314, Website: www.davaccwadi.in email: dav\_wadi@yahoo.in

## **REQUEST PROFORMA FOR ADMISSIONS – 2025-2026**

Request Form No	Date://2025	
To, The Principal		РНОТО
Sir, I wish to register the name of my son / daughter for admission in		
D.A.V. Public School, in Standard	. for the Academic Year 20	25-26
1. Name of the Pupil (in Block Letters)		
2. Date of Birth     Date     Month     Year       (in Figures)       Age as on 01.04.2025		
(In Words)		
3. Aadhar Number:		
4. Nationality: Religion: Mother Tongue:		
5. Whether SC / ST / OBC / GENERAL	Caste:	Group
6. a) Father's Name (in Block Letter)	Qualification	
b) Mother's Name (in Block Letter)	Qualification	
c) Details of siblings studying in DAVPS, Wadi? (Yes / No) i) Name & Class		
ii) Name & Class		
<ol> <li>Parent's Designation: (in case of <i>ACC</i> Employee)</li> </ol>	EMP. No.:	Dept.:
8. Address:		
9. Mobile No		
10. E Mail ID:	Sigr	nature of the Parent

## PLEASE NOTE:

- 1. Registration fee is NOT refundable even if your ward is not selected for Admission.
- 2. Registration for entrance exam shall NOT guarantee Admission.
- Admission depends on the number of seats available and shall be allotted on priority basis.
- 3. Both the parents are required to come with the child at the time of Admission Interview.
- 4. The School Authority reserves the right to make all decisions regarding admissions.