

REGISTRATION FORM

Sr.No.



D.A.V. PUBLIC SCHOOL, NTPC

Sector - 70, NTPC Campus, Faridabad

Ph. : 8447300350

E-mail : davntpc@hotmail.com

Website : www.davntpcfbd.in

Registration No.: _____
Class in which admission is being
saught: _____

Session: 20 __ - 20 __

Receipt No..... Date.....



1. Name of the Student _____

2. Date of Birth(In Figures):
D/D M/M Y/Y/Y/Y

(In Words): _____

3. Father's Name: _____ Contact No. : _____

4. Mother's Name: _____ Contact No. : _____

5. Occupation : Father: _____ Mother _____

6. Educational Qualification of:

Father _____ Mother _____

7. Address : Residential _____

E-mail: _____

8. How did you come to know about Our School?

Advertisement

Reference

Any Other (Please Mention) _____

9. Preferred mode of Fees Payment: Online Cheque Credit/Debit Card

NOTE: FEES IS NOT ACCEPTED IN CASH

10. Preferred Date for Interaction and Entrance Test: _____

Signature of Guardian

Signature of Mother

Signature of Father

Fee Clerk

Admission In Charge

Principal

Parent's Receipt

Student's Name _____

Class: _____

Reg. No. _____

Amount: _____

Date: _____

Fee Clerk

Office In Charge

Admission In Charge