D.A.V. PUBLIC SCHOOL (Affiliated to Central Board of Secondary Education, New Delhi) (Under the Direct Control of D.A.V. College Trust and Management Society, New Delhi) Main - 19, Sitaram Nagar, Velachery, Chennai – 42. Vatika – Plot No. 131 & 132, Bhuvaneswari Nagar, 2 nd Main Road, Velachery, Chennai – 42. School E-mail Id :- davpsmma@yahoo.co.in School Website :- www.davpsvelacherychennai.edu.in INFORMATION SHEET – 2023 – 2024 (L.K.G. – Std. IX) Date:			
IMPORTANT: Kindly note that submission of "Information Sheet" does not give any right to Admission in School.			
Name of the Pupil (in Capital Letters)			
Class in which admission is sought : Distance of Residence from School Local Residential Address :			
			Pincode
Name of the school in which student is currently studying Complete Address of the current School CityState			
		City	State
Board of the School where student is studying now. \Box CBSE \Box ICSE \Box STATE			
Mention the reason for seeking admission in DAVPS			
Date of Birth	Date Month	Year	
Exact Age as on 31.03.2023			
Nationality and Religion	NATIONALITY :- RELIGION : -		
Gender (Please tick)			
Mother Tongue			
Second Language HINDI TAMIL			
<u>Note</u> : Study of Tamil is Compulsory for Students who opt for Hindi as Second Language Study of Hindi is Compulsory for Students who opt for Tamil as Second Language			
Whether Father or Mother has studied Hindi \Box Yes \Box No			
If yes, Father has studied in School College Mother has studied in School College			
DETAILS OF PARENTS	FATHE	ER	MOTHER
Name			
Educational Qualification			
Occupation			
Name of the Organisation currently working Designation			
Income per Month			
Mobile Number			
E-mail Id			
Local Office Address of Father		Local Office Address of Mother	
Chennai		Chennai	

Signature of Mother _____

Signature of Father _____

Note: 1. Submit a copy of the Birth Certificate along with this Information Sheet.

2. Submit Latest Mark Statement of the Current Class.