अो३म् CL Aggarwal DAV Model Scho Sector - 7 B Chandigarh	Adm	Session 20 nission No ission Date aar Card No.		
Sr. No Date	Śtude	ent U-DISE NO.		
Student Detail		New Student		
Student's Name		Old Student		
Date Of Birth				
Nationality	Blood Group			
Class to which Admission is Sought				
Postal Address				
Telephone/Mobile No.	PIN CODE	Male		
E-mail(in Running hand)				
Detail of real sibling [Brother(s)/Sister	er(s) studying in CL Aggarwal D	AV, Chandigarh		
Class	Class			
Admission No.	Admission No.			
FATHER DETAILS				
Name	Education			
Income	Profession			
Office Address	Telephone			
Email	Aadhaar Card No.			
MOTHERS DETAILS				
Name	Education			
Income	Profession			
Office Address				
Email	Aadnaar Gard No.			

## REQUIREMENTS

INE QUINE MENTO			
Student's Birth Certificate Attached	Yes	No	
(Photocopy attested by a ganetted officer)			
School leaving certificate attached	Yes	No	
(Photocopy attested by a gaztted officer)			
Third Language Subject for class IV to VII	Sanskrit	Punja	bi
Second Language Subject for class IX	Sanskrit	Hindi	Punjabi
Bus Facility Required			

The Parents/Gaurdaian of student using personal/hired conveyance are responsible for the safety of their ward once he/she is out of the school campus.

		Parents Signature		
TALENT SEARCH				
My Child is Especially Ta	lented in			
Studies	Sports	Music	Debate	
Art/Craft	Dance	Acting	Others	
Specify/Give Details			*	
Medical Case History (if	Any)	•		

## UNDERTAKING

I hereby certify that the information given in the registration form is complete and correct. I hereby give and undertaking not to claim any refund of admission fee and first quarter fee, in case I wish to withdraw the name of my ward from the school rolls after all dues are paid at the time of admission.

Signature of Father

Signature of Mother

Signature of Guardian

OFFICE ORDER

**Principle Signature** 

Note : All forms found incomplete/with documents missing/unattested/ineligible will not be accepted