D.A.V. PUBLIC SCHOOL, NEW PANVEL



Plot No. 267, 268, Sector-10, New Panvel, Navi Mumbai-410206 (Maharashtra). Phone 022-27468211, 27451793, 27482276, E-mail – davnewpanvel@gmail.com, www.davnewpanvel.com

Date: - 12.02.2018

REGISTRATION GUIDELINES FOR NURSERY ADMISSION 2018 – 2019

First priority to siblings; others will be accommodated if seats are available.

AGE CRITERIA:

Child should be born between <u>1st August 2014 – 30 September 2015</u>.

Note: Forms of children not fulfilling the age criteria shall be rejected.

SUBMISSION OF REGISTRATION FORM:

Duly filled in registration form along with the necessary documents should be submitted at the school reception between 14th February 2018 to 16th February 2018 from 8:00 am to 10:00 am only.

Documents to be attached with the form:

- True copy of Birth Certificate Self attested by Parent
- > One recent Passport size photograph
- True copy of Address Proof (MTNL Bill / Adhaar Card / Electricity Bill / Passport / Driving Licence / House Tax Receipt / Water Bill / Election ID card / Registered Rent Agreement - Any one)
- > True copy of the sibling ID card, if any, studying in this school.
- > True copy of Parent ID card issued by the school.

Note:

- Submission of registration form does not guarantee admission.
- Incomplete forms will be rejected.

ADMISSION PROCEDURE:

Admission shall be given through draw of lots. However, admission shall primarily be subject to the availability of seats.

DRAW of Lots:

- Date of Draw of lots: 24th February 2018
- **Time:** 1:30 pm sharp



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Recent Passport Size

Photograph

REGISTRATION FORM FOR NURSERY ADMISSION

SESSION 2018 – 2019

1.	Name of the student (In block letters)					
			Name	Middle Name	Surname	
2.	Date of Birth:-					
		(In figure – dd.mm.yy)		(In words)		
3.	Father's Name	:				
	Occupation			ome		
4.	Mother's Name:					
	Occupation Income					
5.	Academic Qua	lification of (a) Father				
		(b) Mother_				
6.	Address : Residential					
				Phone		
	Office					
		Phone				
	Brother / Sister	r attending this School:				
		Name		Standard		
	3					

Date:

Parent's Signature

CERTIFICATE FROM THE PARENT

I/we hereby certify that the information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard. I/we also understand that the application / registration / short listing does not guarantee admission to my ward.

Signature of the Mother

Signature of the Father

Name of the Mother:	Name of the Father:
Date:	Date: