



# DIVINE VISION PUBLIC SCHOOL

( DISE CODE: 23040514351, AFFILIATION NO: 159970, SCHOOL CODE: 4234, BOARD: MPBSE )

Address: 617 Suresh Nagar, Thatipur, Gwalior, Phone: 9753133600, Email: dvpshimanshu@gmail.com

## ADMISSION FORM

\* FOR OFFICIAL USE ONLY

ADMISSION SESSION: \_\_\_\_\_ ADMISISON CLASS: \_\_\_\_\_ MEDIUM: \_\_\_\_\_ ADM ID: \_\_\_\_\_ REG. ID: \_\_\_\_\_

### PERSONAL DETAILS

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

FATHER'S EDUCATION: \_\_\_\_\_ FATHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S EDUCATION: \_\_\_\_\_ MOTHER'S OCCUPATION: \_\_\_\_\_

GENDER:  MALE /  FEMALE BLOOD GROUP: \_\_\_\_\_

CATEGORY:  GEN /  OBC /  SC /  ST RELIGION: \_\_\_\_\_ CASTE: \_\_\_\_\_

### ADMISSION DETAILS

CLASS: \_\_\_\_\_ MEDIUM: \_\_\_\_\_ STREAM: \_\_\_\_\_

RTE: \_\_\_\_\_ REGISTRATION NO: \_\_\_\_\_ VERIFICATION NO: \_\_\_\_\_

### PREVIOUS SCHOOL DETAILS

CLASS: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_ TC NUMBER: \_\_\_\_\_

### CONTACT DETAILS

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PINCODE: \_\_\_\_\_

MOB NO: \_\_\_\_\_ ALT. MOB NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### LIST OF ENCLOSED DOCUMENTS

- 1) DATE OF BIRTH CERTIFICATE :  ORIGINAL /  PHOTOCOPY \_\_\_\_\_
- 2) DOMICILE :  ORIGINAL /  PHOTOCOPY \_\_\_\_\_
- 3) CASTE CERTIFICATE :  ORIGINAL /  PHOTOCOPY \_\_\_\_\_
- 4) INCOME CERTIFICATE :  ORIGINAL /  PHOTOCOPY \_\_\_\_\_
- 5) AADHAAR :  ORIGINAL /  PHOTOCOPY \_\_\_\_\_
- 6) TC: :  ORIGINAL /  PHOTOCOPY \_\_\_\_\_
- 7) MARKSHEET :  ORIGINAL /  PHOTOCOPY \_\_\_\_\_
- 8) :  ORIGINAL /  PHOTOCOPY \_\_\_\_\_
- 9) :  ORIGINAL /  PHOTOCOPY \_\_\_\_\_

### DECLARATION

I ..... Father / Mother / Gardian of ..... hereby declare that the information given above by me is true to my knowledge and belief and I am fully aware of the rules and regulation of the school. If anything is found to be incorrect or the rules and regulation are not followed, my ward is liable to be restriction from the institution.

DATE: \_\_\_\_\_

Parent's Signature

REMARK: \_\_\_\_\_

DATE: \_\_\_\_\_

Principal's Signature