



# LSD DAV PUBLIC SCHOOL, Hapur, Pilkhuwa

SENIOR SECONDARY SCHOOL (AFFILIATED TO C.B.S.E., DELHI)

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SESSION - 2020-2021

## REGISTRATION FOR CLASS

(Details to be filled in BLOCK LETTERS)

S.No. \_\_\_\_\_ Registration No. \_\_\_\_\_

Name of the Student \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (In Figures) \_\_\_\_\_

In words ( \_\_\_\_\_ )

Nationality : \_\_\_\_\_

Mother Tongue : \_\_\_\_\_

Place of Birth : \_\_\_\_\_

General / SC / ST / OBC : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Qualification : \_\_\_\_\_

Qualification : \_\_\_\_\_

Occupation : \_\_\_\_\_

Occupation : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Email Address : \_\_\_\_\_

Residence Address : \_\_\_\_\_

Office Address : \_\_\_\_\_

Telephone No.(Residence )

Telephone No.(Residence )

Real Brother / Sister, if studying in the school, Mention :

Name : \_\_\_\_\_ Adm. No. : \_\_\_\_\_ Class & Sec: : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of Mother

Signature of Father

Admitted Principal

### For Office Use

Enquiry No. : \_\_\_\_\_

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Class : \_\_\_\_\_

Date & Time of Interaction : \_\_\_\_\_

Acknowledge By : \_\_\_\_\_

Date : \_\_\_\_\_

Photograph  
of  
Candidate