

MRA DAV Public School

By Pass, Solan (H.P.) Phone: 01792-223795 Website: mradavsolan.net.in, mradavsolan.org

REGISTRATION FORM

[SESSION:.....] Reg. No.: (To be filled by office) Class in which admission is sought: Please Complete in Block letters: Name of Candidate: Date of Birth: Male Female Gender: Nationality: GEN SC ST **OBC** Category: Father's Name: Mother's Name: Father's Mobile No: Mother's Mobile No: Email ID Father/Mother: Address: I certify that the above particulars given by me are true and I agree to abide by the rules, regulations and policies of the school. I understand that fee once paid is non-refundable. Signature of Father/Mother/Guardian Date (Office use only) (In word) Amount Receipt No. Date:

Accounts Clerk

Principal