DAV MUKHYAMANTRI PUBLIC SCHOOL

SAKARI, BALODA BAZAR, (C.G.)

(CBSE English Medium School, Affiliation No.3330296)
Contact: 7354699092

REGISTRATION FORM
Academic Session 2026–27

Note: "Fill out this form and submit it to the school for registration."

1. Student's Details:-

- Registration No.: DAV/SKR/AREG/2026-27/_____
- Admission Sought in Class: _____
- Student's Name (In Capital Letters): _____
- Gender: Male / Female
- Date of Birth (DD/MM/YYYY): _____
- Age : _____
- Blood Group : _____
- Aadhaar No. (if available): _____
- Udise^{+} PEN ID: _____
- Category (Gen/SC/ST/OBC): _____
- Religion: _____
- Nationality: _____

2. Parent's Details:-

	FATHER/GUARDIAN	MOTHER
NAME		
QUALIFICATION		
OCCUPATION		
WHATSAPP NO.(if)		

3. Residential Address:-

- Permanent Address: _____
- Correspondence Address (if different): _____

4. Previous School Details:-

- Name of Previous School: _____
- Class Last Studied: _____
- Board: _____
- Percentage/Grade: _____
- TC Issued from previous school: Yes / No

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5. Declaration:-

I hereby declare that the information given above is true and correct to the best of my knowledge. I understand that the registration does not guarantee admission and is subject to verification of documents and availability of seats.

Registration Fee: _____
Date: _____
Place: _____
Parent/Guardian Signature: _____

Accountant/Receiver Sign.

DAV MUKHYAMANTRI PUBLIC SCHOOL SAKARI, BALODA BAZAR (C.G.)

6. Office work:-

- Registration No.: DAV/SKR/AREG/2026-27/_____
- Admission Sought in Class: _____
- Student's Name (In Capital Letters): _____
- Date of Birth (DD/MM/YYYY): _____
- Parent/Guardian Name: _____
- Registration Fee : _____

Accountant/Receiver Sign. **Parent/Gaurdian Sign.**