



ZUARI CEMENT D.A.V. MODEL HIGH SCHOOL

Krishna Nagar, Yerraguntla(M) YSR(Dt) -A.P - 516311

ADMISSION FORM / REGISTRATION

Registration No: _____

Date: _____

PHOTO

To
The Principal,

I wish to register the name of my Son/Daughter for admission in
DAV Model School in standard _____ for the academic year _____ .

1. Name of the pupil : _____
(In Block Letters)

2. Date of Birth : _____
(In words and figures)

3. Gender (Boy/Girl) : _____

4. Nationality : _____ Religion : _____ Caste : _____ Group: _____

5. Class in which admission is sought _____ Blood Group _____

6. Name of the Father / Guardian : _____

7. Is the parent of an Employee of Zuari /Others : _____
(Please specify)

8. Designation : _____ Department : _____

9. Telephone/Cell number : Office _____ Residence _____

10. Aadhar Number(s) : Student : _____
Mother : _____
Father : _____

11. White Ration Card Number : _____

12. Bank Account Details : _____

Signature of parent / Guardian

