

DIYUN VALLEY SCHOOL

Madhupur – I, Diyun, Changlang District, Arunachal Pradesh
①: +91-6009303851/6909754123

⊠:- dvsdiyun22@gmail.com
⊕: dvsdiyun.in

Application for Admission

Please complete each section in **BLOCK LETTERS**



Form No	orm		
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Section 1: CHILD'S PERSONAL DETAILS

Name					
Date of Birth	In figure	In word	ds		
Nationality		Male		Female	
Aadhar No.		Mother Ton	gue		

Section 2: ACADEMIC DETAILS

Class in which admission is sought		
Name of last school attended		
Medium of instruction	Date of last attendance	
T. C. Number & Date		

Statement of marks obtained in the last examination appeared -

Subject	Maximum Marks	Marks Obtained	Percentage
English			
Hindi			
Mathematics			
EVS/Social Studies			
SCIENCE			

Section 3: HEALTH STATUS

Height	Weight		Vision	
Blood Group	Dental He	alth		

Section 4: PARENT / GUARDIAN DATA

Father's	Name								
AADHA	AR No.								
Occupa	tion				Annual I	ncome			
Present	Address:				Permane	nt Address	:		
Vill. –				Vill. –					
P.O. –			P.S. –		P.O. –			P.S. –	
Dist. –			PIN –		Dist. –			PIN –	
State –					State –				
Whatsa	pp No.								

Mother's Name								
AADHAAR No.								
Occupation	Annual Income							
Whatsapp No.								
Guardian's Name								
AADHAAR No.								
-	Occupation Relation							
Present Address:								
Vill. –		Vill. –						
P.O. –	P.S. –	P.O. –	P.S. –					
Dist. –	PIN –	Dist. –	PIN –					
State –		State –						
Whatsapp No.								
Section 5: DECL	ARATION							
	<u>Declara</u>	tion by Parent/Guardian						
and agree to abide payment and refund child's life, health and Date:	I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these. Date: Signature of Parent/ Guardian							
Place:								
	<u>De</u>	claration by Student						
I do hereby declare that I shall always maintain discipline in and outside the School, obey my teachers, maintain cordial relations with other fellow students and shall never take part in any activity which may bring bad name to the institution. I also affirm that I shall always abide by the rules and regulations of the School, failing which the authority may take any action against me as deemed fit and proper.								
Date:			Signature of Student					
Place:								

	FOR	OFFICE U	SE ONLY	
Form Checked By		Re	gistration Fee Paid On:	
Birth Certificate Provided	Yes:	No:	Cash:	
Photograph Provided	Yes:	No:	Cheque No:	
School Leaving Certificate	Yes:	No:	Account Transfer:	
Written Test	Pass:	Fail:	Admission Fee:	
			Tuition Fee:	
Date:]	Total Amount:	
Child Interviewed By:				
Acceptance / Rejection	Α 🔲	R 🔲		
			Signat	ture of Accountant
Reason For rejection:				
			Signatures o	of Admission In-Charge
			Signat	tures of Headmaster