



D.A.V. PUBLIC SCHOOL, NEW PANVEL

Plot No. 267, 268, Sector-10, New Panvel,
Navi Mumbai-410206 (Maharashtra).
Phone 022-27468211, 27451793, 27482276,
E-mail – info@davnewpanvel.com, www.davnewpanvel.com

Paste a
passport size
Photograph

DECLARATION FORM (STD. VI TO VIII)

Name of the Pupil (as per the Birth certificate) Full name :	_____ Name _____ Middle Name _____ Surname _____											
Date of birth :	(In figures)			(In Words)			Age (as on 01.06.2023)					
	Date	Month	Year									
G.R. NO.	Roll No.	Std./Div.:			Blood Group							
Aadhar Card No. of the student												
School House:				Nationality			Gender					
Category (tick the correct option):	General <input type="checkbox"/>		OBC <input type="checkbox"/>			SC <input type="checkbox"/>		ST <input type="checkbox"/>				
Religion :				Caste :			Sub Caste:					
Present Residential Address :	Flat No./Floor No.:											
	Building Name:											
	Plot No./ Road No.:				Sector :							
	City :			Pin Code :								
Residential Phone No.	Land line No:				Mobile No:							
E mail ID :												
Are you an only child:	Yes <input type="checkbox"/> No <input type="checkbox"/>		Only girl child without siblings:				Yes <input type="checkbox"/> No <input type="checkbox"/>					
Information of the brother / Sister studying in D.A.V. Public School, New Panvel				Name				Std. / Div.				
	Brother											
	Sister											
Mode of Conveyance:	Alone <input type="checkbox"/>		Bus <input type="checkbox"/> Specify the bus stop:					Van <input type="checkbox"/>				
Your Ambition / Goal :												
Your Strengths :						Hints: helping nature, confident, good orator, dancer, singer, managing things properly, control on emotions, positive attitude, adjustable etc.						
Your Hobbies :												
Vision :	Using Spectacles – Yes <input type="checkbox"/> No <input type="checkbox"/>			Vision (Power-L)-			Vision(Power-R)-					
	Height _____				Weight _____							
Medical History (if any)												
Disability	Physically Challenged			Blind			Dyslexic		Any other			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>						
Subjects Opted												

	Father	Mother
Name (Full)		
Qualification		
Occupation		
Designation		
Organization Name		
Official Address		
Pin code		
Office Phone Number		
Mobile No:		
E-mail ID		
Annual Income		
Specimen Signature		
Ward's Date of Joining DAV New Panvel		
	Date	Month
		Year

Date:- _____

Note:

- 1. Filling up all information is mandatory.**
2. Declaration form must be filled carefully in a legible handwriting by the parent only.
3. Attach four colour recent passport sized photographs (only in school uniform with red back ground and students name mentioned below) along with the declaration form.
4. Duly filled in declaration form to be submitted to the class teacher within two days from the date of issue.