

DAV PUBLIC SCHOOL, CHANDRASEKHARPUR, BHUBANESWAR-21.

(FOR OFFICE USE ONLY)

CLASS: XI SCIENCE (PRIME 40/ SPECIAL MEDICAL CLASS) 2025-26

SCHOOL NO.....

ELECTIVES: PHYSICS, CHEMISTRY, BIOLOGY & MATHEMATICS/
PAINTING/ PSYCHOLOGY.

1. NAME OF THE STUDENT:
(In Block letters as per Class X Admit Card/Pass Certificate/T.C.)

2. Serial No. on the Merit List:

3. Date of Birth (As per record):

4. ADDRESS FOR CORRESPONDENCE:
PRESENT

PERMANENT

Ph: Mob.

Ph: Mob.

E-mail:

E-mail:

5. Please mention the Mobile No. which will be used for official correspondence and will be handled by the parents only.

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6. Demand Draft No. & date:
(Name of the Bank in which the DD drawn)

DECLARATION

Certified that the information furnished above are true to the best of our knowledge. We do hereby undertake to co-operate with/abide by the rules and regulations of the institution during the studentship of our child in the school.

Signature of Mother with date

Signature of Father with date

Signature of Local Guardian with date
(If the child is not staying with parents)

Signature of the Candidate

(Please fill up the above information, sign the proforma at the space provided for and submit at the admission table during counseling)