

DAV PUBLIC SCHOOL, MCL , KALINGA AREA

Distance Learning Programme & Weekend Classes

REGISTRATION FORM FOR CLASS-XI- 2018-19

1. Student's Name:- _____

2. Father's Name:- _____

3. Mother's Name:- _____

4. D.O.B : ___/___/_____

5. Male/ Female: _____

6. Guardian's Occupation: _____

7. Course Offered: (Put tick mark) JEE - [PHY, CHEM & MATHS]

NEET -[PHY, CHEM & BIO]

7. Address

8. Mobile No (1) _____ / (2) _____

9.E-mail _____

Academic Record

% obtained in last exam: _____

DECLARATION:

I hereby declare that the information furnished above is true to the best of my knowledge and belief. I have understood all the terms and conditions of this programme and assure to give full cooperation to the school.

Student

Guardian

Course Coordinator

Principal