



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 01.06.2025)			
	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 Yes <input type="checkbox"/> No <input type="checkbox"/>		Blind Yes <input type="checkbox"/> No <input type="checkbox"/>		Dyslexic Yes <input type="checkbox"/> No <input type="checkbox"/>		Any other			
Subjects Opted										

	Father	Mother
Name (Full)		
Qualification		
Occupation		
Designation		
Organization Name		
Official Address		
Pin code	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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:

- Filling up all information is mandatory.**
- Declaration form must be filled carefully in a legible handwriting by the parent only.
- 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.
- Duly filled in declaration form to be submitted to the class teacher within two days from the date of issue.