



D.A.V. HIGH SCHOOL

OPGC, IB THERMAL POWER STATION

AT/P.O. I.T.P.S., BANHARPALI, DIST. JHARSUGUDA, ODISHA-768234

Phone No. 06645-222693, E-Mail -davhsitps@rediffmail.com

Affiliated to Board of Secondary Education Odisha, Code No-121EF

REGISTRATION-CUM-ADMISSION FORM, SESSION 2021-22

(FILLUP THE FORM IN CAPITAL LETTERS ONLY)

1. CLASS INTO WHICH ADMISSION IS REQUIRED : _____

2. NAME OF THE CANDIDATE : _____

3. GENDER : MALE : FEMALE :

4. DATE OF BIRTH : / / (DD/MM/YYYY)

(ATTACH SELF ATTESTED PHOTOCOPY OF BIRTH CERTIFICATE)

IN WORDS _____

5. NATIONALITY : _____ 6. RELIGION : _____

7. MOTHER TONGUE : _____ 8. BLOOD GROUP : _____

9. ADHAAR NO : _____

10. BANK A/C NO. _____, BRANCH NAME _____

IFSC CODE _____, ADDRESS _____

11. CATEGORY : SC : ST : OBC : GENERAL : PH :

HOMELESS : BEGGAR : CHILD LABOUR : CWSN :

(ATTACH SELF ATTESTED PHOTOCOPY OF THE CERTIFICATES)

12. WHETHER BELONGS TO BPL : YES : NO :

(ATTACH SELF ATTESTED PHOTOCOPY OF THE CERTIFICATES)

13. TYPES OF DISABILITY (IF ANY) : _____

(ATTACH SELF ATTESTED PHOTOCOPY OF THE CERTIFICATES)

14. DETAIL INFORMATION OF PARENTS :

(A) FATHER'S NAME : _____

QUALIFICATION : _____ OCCUPATION : _____ Mob.No. _____

(B) MOTHER'S NAME : _____

QUALIFICATION : _____ OCCUPATION : _____ Mob.No. _____

(C) GUARDIAN'S NAME : _____

RELATION WITH CANDIDATE : _____ Mob.No. _____

QUALIFICATION : _____ OCCUPATION : _____

(D) ANNUAL INCOME OF PARENTS : _____

Paste your recent
clour passport size
photograph here.

15. ADDRESS FOR COMMUNICATION : _____

_____ Mob. No. _____

16. PERMANENT ADDRESS : _____

_____ Mob. No. _____

17. FOR OPGC EMPLOYEE ONLY :

Certified that, Mr./Mrs. _____ father/mother of
_____ is an employee of OPGC in the department of

Authorised Signature with Seal

18. FOR OPGC SUPPORT STAFF ONLY :

Certified that, Mr./Mrs. _____ father/mother/guardian of
_____ is working as a _____

Authorised Signature with Seal

DECLARATION

I _____ do hereby declare that, the statements made above are true and correct to the best of my knowledge and belief. I am fully agree to co-operate the school authorities and shall help them in the interest of the studies of my child. I do hereby undertake to abide the rules and regulations of the school and follow the instructions conveyed to me from time to time. If any of the above is found to be incorrect, false or unsatisfactory during the course of schooling, the candidature of my child/ward will be struck off from the school roll.

Place _____

Date _____

Signature of Parents/Guardian

(N.B.: Claim will not be entertained in case of unavailability of required certificates.)

OFFICE USE ONLY

M.R. No. _____ Amount _____ Date _____

Admission No. _____ Class _____ T.C. No. _____ Date _____

Signature of Office Assistant

He/She is permitted to be admitted in class _____ on date _____

Signature of Head of the Institution