

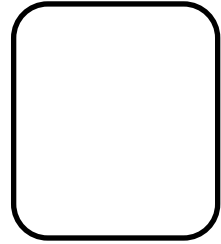
D.B.M. SPECIAL SCHOOL

Village Madina (Gohana), Distt. Sonapat

Ph.9050212003,9254555600. Email.dbmspecialschool.com

(ADMISSION FORM)

Reg. by: PWD Act 1995



1. Name of Pupil (In block letter):-----

Type of Disability & parentage :----- Aadhar No.-----/-----/-----

D.O.B (In figure) ----- / ----- / -----

Date of Admission -----

Whether Boy or Girl-----IQ.-----

Nationality -----State -----

Caste:----- Mother Tongue: -----

Religion -----Category: -----

2. Father's Name:-----

Occupational (Specify):-----

Educational Qualification: -----

Mother's Name:-----

Occupational(Specify):-----

Educational Qualification:-----

3. Parent's / Guardian's address in full: Transport: Yes/No Stand:-----

Residence :-----

Pin:----- Mobile No.-----

Office :-----

----- Pin-----

Parents Signature

Principal Signature