



**Arvind Gupta DAV Centenary Public School**  
**Model Town, Delhi-110009**



Ph: 01127455245

Website: agdav.edu.in

e mail: office@agdav.edu.in

Ref. No. : AGDAVCPS/2015-16/C.No -11(PS-PP)

Dated: 17.4.2015

Dear Parents,

Kindly fill the following details of your ward:

Name \_\_\_\_\_ Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's contact no. \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Please specify \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Contact no. \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Hobbies of your child \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Mother's Contact no. \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Hobbies of your child \_\_\_\_\_

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