

14. PARTICULARS OF FAMILY BACKGROUND

	FATHER	MOTHER
NAME (BLOCK LETTERS)		
OCCUPATION		
OFFICE ADDRESS		
ACADEMIC QUALIFICATION		
MOBILE		
E-MAIL		

15. ANNUAL INCOME OF THE PARENTS

₹

16. SERIOUS AILMENT OF THE CHILD THAT THE SCHOOL SHOULD BE INFORMED e.g. HEART PROBLEM, EPILEPSY, ASTHMA, HEARING, SPEECH, CONVULSION etc YES NO

NO / YES, IF 'YES' SPECIFY WITH MEDICAL CERTIFICATE _____

INSTRUCTIONS

The following Certificates are to be submitted with this application form; if not, admission will not be considered. All the original certificates will be returned to the parents after verification.

1. Original valid Birth Certificate from the competent Government Authority and a photocopy of the same.
2. For admission in Class II and above, original T.C. & Report Card to be submitted within the month of April
3. Photocopy of Blood Group report
4. Photocopy of Aadhar Card
5. Parents ID Proof (Aadhar Card or Voter Card)

DECLARATION

- a) I fully understand that the school, on accepting the application for admission, is not in any way bound to grant admission, as admission is purely based on the availability of seats and on qualifying the Admission Test and Interview. I also understand that the decision of the Principal regarding admission will be final and binding .
- b) In the event of my ward's selection for admission, I shall have no objections to the instructions and guidelines of the school. I further undertake to abide by all the school rules as may be put into effect from time to time.
- c) I shall not claim any refund of fees if my ward withdraws or does not attend school.

Place _____

Signature of Father

Signature of Mother

Signature of Guardian
(If any)

Date _____

Name of the Student : Date of Birth Boy / Girl

Father's Name :

Mother's Name :

Admission No. : Date of Admission : Category : Genl. / SC / ST / OBC / PH / Minority