

(Fields marked with * are mandatory to fill)

SPECIAL INFORMATION

Whether vaccinated for various ailments : YES / NO
*Allergies (if any) : _____
*Ailments (if any) : _____
*Name of the Family Doctor : _____
*Phone No. : _____
*Identification Marks : _____
*Any Medication Taken : YES / NO
[Please mention the name of medicine] : _____

**FEES ONCE PAID WILL NOT BE REFUNDED
UNDER ANY CIRCUMSTANCES**

DECLARATION

I have read all the rules & regulations of the school and promise to abide by them. All the information given by me is true to the best of my knowledge.

Date _____ Signature Parent/Guardian _____

FOR OFFICE USE ONLY

_____ is admitted to Std. _____ in the year 2017-2018.

He / She has submitted the Birth Certificate / Progress Card / Leaving Certificate in Original / Xerox on _____.

Fees paid : Rs. _____ Receipt No _____

Signature of the Accountant

Signature of the Principal