

| | |
|---|--|
| 14. Standard to which admission is sought (in words) | |
| 15. Mother tongue of the pupil | |
| 16. Health particulars a) Whether vaccinated against Diphtheria, Measles, Polio, BCG etc. b) Whether the pupil is suffering from any disease. c) Is the pupil allergic to any specific medicine? | |
| 17. Personal marks of Identification | |

DECLARATION

I undertake that my ward will abide by the rules and regulations of the school. I solemnly declare that the above particulars about my ward _____ are true and correct.

Place _____

Date _____

Signature of Parent/Guardian
Name

FOR OFFICE USE ONLY

| | |
|---|------------------------|
| 1. No. and Date of TC produced on admission | |
| 2. Name and Address of the School | |
| 3. Whether the School previously attended is Recognized Yes/No. | |
| 4. Name of the Board & Medium of Institution | |
| 5. Date of Admission | |
| 6. Standard to which the pupil is admitted | |
| 7. Admission No. | |
| 8. Bus Boarding point | |
| 9. Fee Details | |
| Verified by | Signature of principal |