

8. Detail about Real Brother/Sister studying in the school at present.

Sr. No.	Name of Brother/Sister	Age	Class	School/College

9. Means of Conveyance Van Bike Baghi Cycle Walking

DECLARATION BY THE PARENTS (FATHER/MOTHER/GUARDIAN)

I, _____ (Father/Mother/Guardian) (Please Tick)
of _____ (Name of Student) hereby declare that

- I shall pay the school dues in time and will send my ward regularly and punctually to the school.
- I shall follow the Rules & Regulations of the School applicable from time to time.

Signature of Father/Mother/Guardian

The following documents must be attached to this application.

- | | | | |
|---|-----------------------------------|------------------------------|-----------------------------|
| 1. Statement of marks. | <input type="checkbox"/> Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. School leaving certificate of previous school. | <input type="checkbox"/> Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. One recent passport size photograph. | <input type="checkbox"/> Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Date of Birth certificate. | <input type="checkbox"/> Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Photo copy of Aadhar Card | <input type="checkbox"/> Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

FOR OFFICE USE

- | | | | | | | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Allowed to Admit Class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Date of Admission | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Admission No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Amount | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Receipt No. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Accountant Sign.

Signature of In-charge Admission

Principal