			edana		Affiliated to CB No. 830693
	Appl	ication Fo	rm for Admis	sion	
lication No:				Admissi	on Date:
Affix photo of Father		Affix phot	o of Mother		Affix photo of Stude
Admission Required for (Please Mention Cla	ss):			
Note: Please use capital letters	only.				
We,			and,		w
oadmit our son/daughte	r/ward whose parti	culars are give	n below as aday	scholar at Purna	a Chetana Public School.
A INFORMATION OF	THE CHILD				
First Name		le Name		Last Name	2
Canadam					
	Date of Birth		Date of Birth in	words	<u> </u>
Male Female	DD MM				
Blood Group	Religion		Caste		Nationality
Aadhar No:	711 10 11	2			
					a
-					
-	OB		GEN	OTHE	RS
Community SC/ST	OB		GEN	OTHE Mother T	
Community SC/ST	OB	110	Sch	Mother T	ongue
Community SC/ST	OB	lic	Sch		ongue
Community SC/ST	OB		Sch	Mother T	ongue
Community SC/ST	OB		Sch	Mother T	ongue
Community SC/ST	OB		ADDRESS FO	R CORRESPOND	ongue
Community SC/ST	OB		Sch	R CORRESPOND	ongue
Community SC/ST	OB		ADDRESS FO	R CORRESPOND	ongue
Community SC/ST			ADDRESS FO	R CORRESPOND	ENCE

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Mobile No. (Please Provide Active Whatsapp Number):	
Aadhar No :		

Mother/Guardian:

Name:		Age:	Nationalit	у:
Educational Qualification:	1	Institution:		
Occupation:		Office Addr	ess:	
Designation:				
Annual Income:		Mobile No.	(Please Provide Ad	ctive Whatsapp Number):
Aadhar No :		1		
Single Parent:		ather		Mother
Tick one (With whom child is staying), only if applicable.				
Details of Brothers / Sisters of the student:				
Name	Age	Name of the I	nstitution	Class

B. DETAILS OF PREVIOUS YEARS OF STUDY

Year	School	Class/Grade	Languages and Subject Studied	
	Purna (heta	na	
The previous school affiliated to: STATE CBSE ICSE OTHER				
Awards	won so far in Sports, Arts or Academics			

	MEDICAL HISTORY OF THE CHILD
BIRTH HIST	ORY:
	Birth Details: Normal Caesarian Forceps
	Birth Cry: Immediate Delayed
	Discharge from Hospital:(Number of days)
	Specialized care given in the hospital: Yes No
	f Yes, NICU: Extended hospital stay
HEARING:	
	Any difficulty observed: Yes No
	Any Consultation with Audiologist done: Yes No
	f Yes, Explain:
VISION:	
	Any Consultation with Ophthalmologist done: Yes No
	Jse of Spectacles/Corrective Lenses: Yes No
MOTOR	MILESTONES (Approx. Months):
	Sitting:
	Standing:
	Nalking:
	Speech:
	Any Medication taken for general well-being:
	Any Allergy / any medical information that school should be aware of:
	Page 3

Documents Required: (All documents are Mandatory during Admission)

- Birth Certificate
- □ Transfer Certificate original copy (if applicable)
- Study Certificate
- □ Vaccination Card Copy
- Passport Size photos of Child (4 Copies)
- Passport Size photos of Parents (2 Copies)
- □ Aadhar Card copy of Parents & Child
- □ Copy of Previous year's Progress Report
- □ Caste Certificate: for Scheduled Castes, Scheduled Tribes or Backward Community Children
- □ The above documents (recently attested Photocopies) must be produced along with the filled application form.
- □ Transportation Form (If Required)

DECLARATION / UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

- We declare that we have read the contents of the prospectus and supplementary brochures and understood the contents fully. Having understood the information provided, we seek admission for our son/ daughter into School in our own interest and accord.
- We declare that all the information furnished in application form is correct to the best of our knowledge, information & belief.
- We agree that in the event of any information found to be incorrect or false, admission may be refused / revoked.
- If our child is admitted into School, we agree to abide by the policies, rules, by-laws and regulations of the School as amended from time-to-time.
- We understand that the student has to wear the prescribed uniform compulsorily.
- We undertake that school fees should be paid in full and an official receipt to be collected from the school office. Fees should not be paid to any person other than the authorized person in the office. The fees once paid to the institution will not be refunded under any circumstance. We agree to the fee structure below and we abide by the fee payment schedules mentioned hereunder.

Development Fees	School Fees	Transportation Fees	
Single Payment – While	1 st Installment – before Jun 1 st of CAY	1 st Installment – before Jun 1 st CAY	
Admitting the Child	2 nd Installment – before October 31 st CAY	2 nd Installment – before October 31 st CAY	

*CAY – Current Academic Year

- in case of the student's discontinuation of study, we understand that the student has to pay full fees for the entire year and collect the original / transfer certificates.
- We understand that any misconduct, misbehavior, malpractice during the stay in the School and copying in the examination by the student will entail dismissal from the school.
- We understand that we should check the personal diary, homework and other assignments of our child regularly. Also we should take interest in the progress of our child whether he/she has improved in his/her studies. Any irregularities should be brought to the notice of the school authorities immediately.
- The school management is not responsible for any accident or injury to the student while playing in the School during working hours or otherwise in the school premises. However, immediate assistance will be rendered to get medical facilities.
- We also understand the safety of the student after class hours is the responsibility of the parents to advise the child not to move with strangers.
- We undertake that we should attend the parents meeting whenever convened, to review our son/daughter's progress and disciplinary aspects of the student.
- We undertake that we will pay for any loss due to destruction, damage or loss to School property by our son/daughter.

Date:		Parent's Signature:
	FOR OFFICE USE ONLY	
Admission Number:		
Signature of the Admission Coordinator		Signature of the Principal