

Residential Address

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District State

Pin Code..... Fax

Email address

Qualification

11. Name of the last school attended

School's address

Class studied

12. Medical Information : Does the child have some special ailment?
 If yes, Give details.....

13. Information on parameters adopted by the school:
 a) Sibling (Real brother / sister only): (Tick the appropriate)
 Yes No

If sibling in the same school give details of sibling

Name	Class	Reg. No	Relation
1.			
2.			
3.			

UNDERTAKING

I father / mother of (Name of child)
 hereby declare the declaration given above by me is based on facts and authentic records.
 Admission of my child may be cancelled if any information is found to be false.

Signature of the Mother..... Signature of the Father.....

Name of the mother..... Name of the Father.....

Date :