

19. Is the School transportation required? Yes No

20. Medical Information: Any special precaution to be taken for the child:

Any health condition:

21. If Christian Minority - Denomination :

a) Pastor's Name:.....

b) Church Address.....

22. If single parent, give details

23. If siblings are in this school, their details:

Sibling's Name	Class-Section	Admission No.	Fee Category
1.
2.
3.
4.

Undertaking

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

Mother's Signature

Father's Signature

Mother's Name

Father's Name

(Incomplete application will be rejected)

OFFICE USE:

Documents Received

Attested photocopies of the documents submitted:

- 1. **Proof of Date of Birth:** Municipal Birth Certificate (Hospital Certificate will not be accepted)
- 2. **Proof of Residence:** (Voter ID / Ration Card / Passport / Domicile Certificate of child or any of the parents / MTNL Bill / Electricity Bill /Water Bill / Passport of child/ any of the parents / Aadhaar Card / UID Card of any of the parents)
- 3. **Medical Certificate** for children with special needs
- 4. **For Christian Students:** Baptism Certificate of the child or parents
- 5. **Report Card:** Latest from the school in which the student last studied
- 6. **Transfer Certificate:** From the school in which the student last studied
- 7. **Aadhaar Card Copy**

Received on
Date: _____
Place: _____

Received by
Name: _____
Signature: _____