

SCHOOL UDISE CODE: 21020800351

## **APPLICATION FORM FOR ADMISSION**

Email Id:

**FOR OFFICE USE ONLY** 

Application received on : Receipt No. and Date : Admission No Date of Admission

Admission required for class							
We, the parents of	KIDIKID	Way!s	wish to a	admit our ward as a	scholar		
at DAV Public School, Jharsugu			below a	re correct and true.		Affix	
NOTE: PLEASE USE CAPITAL LI	ETTERS ONLY.					Student's Photo	
A. INFORMATION OF THE STUD							
First Name	Middle Na	me		ast Name			
Gender(Put√in the box) Date	of Birth		Date o	of Birth in words			
Male Female 00	MM	20_YY			THAT		
Age as on 01.04.202 :	MM	DAYS	(The age of the student as on 1st April of the admission ye			of the admission year	
Aadhar No			Blood	Group	Religi	ion	
Community			Caste		Natio	nality	
SC/ST OBC GEN	OTHERS		Caste				
Languages known			Mother Tongue				
			KASI.		Maril		
RESIDENTIAL ADDRESS (at	Jharsuguda)		PERM	ANENT ADDRES	S		
At			At				
Po			Po_				
Dist	Pin		Dist Pin				
State			State	9			
Distance from school (in kms):	Pre	ferred Phone	Number f	or school SMS:	SITS	THE REF	
Emergency Contact No. (Res/l	Mobile)	Name of t	ha narea	n to be contacted		Relationship	
Lineigency Contact No. (Nesh	Name of t	Name of the person to be contacted			Relationship		
Father/Guardian							
Name:		Age:	13/1/61	Nationality:			
Educational Qualification:	Aadhar	No:					
Occupation:		ddress:	Affix				
Designation:	USTRUM					Father's / Guardian's Photo	
Annual Income:	Mobile:	Mobile:					
Email ld :					TO ST		
Mother/Guardian		USYALS	705		TAUN:		
Name:				Age: Nationality:			
Educational Qualification:	Aadhar No:						
Occupation:		Office A	Office Address:			Affix	
Designation:		PASIE				Mother's / Guardian's Photo	
Annual Income:							

## Single Parent: (if the child is residing with either father or mother or with other person as guardian)

Tick  $(\checkmark)$  one only, if applicable. Cross (x) the box which is not applicable.

Father		Mother		Other
Address: Ad		s:	Address:	
Details of Brothers / Sis	sters of the stude	nt Name of the Institut	ion	Standard
In case of staff ward:	Name o	f the Parent:		
Post Held	Date of Joining		Date of Regularisation	
B. DETAILS OF PREVIOUS	STUDY			
Year Sch	nool	Standard/Grade	Grade/Marks obta	ained in final exams
DETAILS OF LAST SCHO     Name of the School      Address of the school :	OOL STUDIED		Dist.:	State:
3. Board Name: State Board 4. Affilation No.:	rd CBSE	ICSE	OTHER	
5. UDISE CODE :  6. PEN (Permanent Educator 7. Apaar ID :	tion Number) :			
Awards won so far in sports	, arts or academics:	(Best three)		
1.				
2.				
3.				
Third Language: FOR CLAS	S V - VIII : ODIA	SANSKRIT	HINDI	

## MEDICAL HISTORY OF THE CHILD

(To be filled if the student has any remarkable health deficiency)

## **BIRTH HISTORY**

	Birth Details : Normal Caesarian forceps
	Birth Cry : Immediate Delayed
	Discharge from Hospital :(Number of days)
	Specialized care given in the hospital : Yes No
	If Yes, NICU : Extended hospital stay
	Explain:
	Does the child have any identified allergies, Yes or No :,
	If yes, he/she has allergies for
EAF	RING:
	Any difficulty observed : Yes No
	Any consultation with doctor done : Yes No
	If yes, explain :
SIO	25. No. 1 1 (1967)   Carri   Hanal I I (1968)   Carri   Hallo   <del></del>
	Any difficulty observed : Yes No
этс	Use of spectacles/corrective lenses : Yes No
	Sitting:
	Standing:
	Walking:
	Speech:
	Any medication taken for any chronic medical conditions, such as asthma / epilepsy
	or any other disorder.
	Any medication taken for general well being:
	사람 [ [ 1] [ 1] [

12. Photo copy of BPL Card Document, if any  Please note:  1. The above documents (self attested photocopies) must be produced along with the filled in application form.  2. Staple all documents to the top left-hand corner of the application							
DECLARATION							
	Mother						
have the authority to admit my/our child	d/ward,						
into the school as the parent/ legal guardia	an. I/We, undertake the responsibility of providing any evidence						
	ded here, if necessary for any reason. I/We, declare that the						
	are correct to my/our knowledge and if found otherwise,						
I/We, shall abide by the decision of the m	nanagement. I/We, agree to abide by the rules, regulations and						
the fee structure of the school.							
	<b>人们人们人们会介入师人们会派出的人们会们</b>						
Date:	Signature						
	Father						
	Mother						
	Guardian						
	Guardian						

Admission Co-ordinator Head of the Institution

Date Date