APPLICATION FORM FOR ADMISSION

Photograph

Of child

1. Information About the Child.

1. Name of the Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(b) Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(c) Age as on 01 September of current Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(d) Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(e) Does he/She have history of fits/Epilepsy? YES/NO.

(f) Is the child Toilet Trained? YES/NO.

(g) What is the principle physical/mental disability?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach an initial medical examination report from the authorized medical attendant, stating the principle disability, associated pathological conditions, scope of treatment/training required and absence of hyper activity, if available.

(h) Does he/she require physiotherapy? YES/NO

(j) Bus Service required for daily commutation or Not?

2. Information About the Parents (Defense Personnel).

1. Personal No\_\_\_\_\_\_\_\_\_\_\_\_\_. (b) Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Permanent Home Address (incl Police Station and Telegraph Office)
5. Details of family members. (i)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ii)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(iii)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iv)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(v)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(vi)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(vii)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (viii)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ix)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name and address of present unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Fmn under which serving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Identity Card No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2

3. Information About the Parents (Others).

(a) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(b) Identity (Voter ID Card/PAN No/Driving License) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(c) Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(d) Details Address of office/business (workplace).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e) Permanent Residential Address (incl Police Station and Telegraph Office)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(f) Telephone No with STD Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(g) Present Residential Address (if different from Permanent Residential Address).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(h) Telephone No with STD Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No of Father/Mother /Relatives \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Details of Enclosures.

1. Birth Certificate/copy of part II Order.

(b) Passport size photographs duly attested.

* + One Pasted on the application form.
  + One separately in a small envelope.

(c) Indemnity Bond in triplicate (As per format att)

5. Any other info such as :-

(a) Inability to pay fees -

(b) Allergy of ward -

(c) Infection to medicines -

(d) Mode of conveyance -

UNDERTAKING

1. I, No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Unit), Father/Mother of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Child) do hereby certify that the information given in this application form is true and correct to the best of my knowledge.

2. I have gone through the rules of the School and I undertake to abide by them, as amended from time to time. I understand that in the event of my failure to comply with the rules of the school or with the fee structure, admission of my child Master/Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ can be terminated by the school authorities and, I undertake to collect the child within 24 hours of receipt of information to that effect from the school. I also understand that the fee structure is subject to revisions and is by no means fixed, with which I have no objection.

3. I am fully aware that if any certificate/info tendered by me at the time of admission is found to be incorrect, the admission of my ward in the school will be automatically terminated.

4. I have understood the implications of the indemnity bond before signing it.

Dated :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of parent)

COUNTERSIGNED

Dated : (Signature of OIC Asha School)

Seal :

# FORM OF INDEMNITY/AFFIDAVIT

To,

The Chairperson President of Asha School Jodhpur.

In consideration with the President AWWA, HQ 12 Corps having at my request agreed to admit and impart education, trg and necessary treatment, to my son/daughter who is mentally retarded/physically handicapped, I undertake and agree that myself or my heirs, executors or administrators will not make any claim against the Govt, Indian Army, Fmn and unit running the school or AWWA (Jodhpur Cantt) or any office of the Institution for any disease/death/injury sustained by my son/daughter, arising out of any accident/transportation/training/investigation and treatment of disability or disease, or any other activity organised by the institute.

Place :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the parent)

Dated :

Witness :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Principal)

# COUNTERSIGNED

Dated :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of OIC Asha School)

Seal :