



Annual Gross Income:

**OTHER DETAILS**

Category: 

GEN	ST	SC	OBC
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Nationality

**MEDICAL DETAILS**

Immunisation: 

POLIO	BCG	DPT	HEPATITIS 'B'	MEASLES	MMR
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Pre-Existing Illness(es)  
(If Any):

Blood Group:

Allergies (If Any):

**PREVIOUS SCHOOL DETAILS**

Name of the School & City:

Board, Class & Year:

Result:

I declare that the particulars stated above are true to the best of my knowledge. I agree to follow the rules of the institution, like attendance, payment of fees in time and other matters. I shall also cooperate with the school in ensuring that my son/daughter/ward abides by all the rules and regulations of the school.

Place:

Date:

**SIGNATURE OF PARENT/GUARDIAN**

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**To be filled in by school office at the time of registration for school's record only.**

Registration No.

1. Registered for Class \_\_\_\_\_ for the academic year \_\_\_\_\_

2. Received Registration Fee vide Receipt No \_\_\_\_\_ Date \_\_\_\_\_

3. The Academic Counselling/Presentation date is \_\_\_\_\_

**PRINCIPAL**

**ACCOUNTANT**