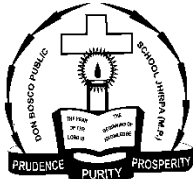


Student

Father/  
Guardian

Mother



**DON BOSCO PUBLIC SCHOOL,  
JHIRPA, CHIINDWARA, M.P.**  
Mobile : 9425040437, 9425645135, 9407537700

Website : [www.donboscopublicschool.com](http://www.donboscopublicschool.com)

E-mail : [dbpschool@donboscopublicschool.com](mailto:dbpschool@donboscopublicschool.com)

Affiliation No. – 1030180

School Code : 14034

**(Application for Registration for Admission)**

Form No. ....

1. Name of Child ( in full) .....(Capital Letters)
2. Date of Birth ..... ( Attach Birth Certificate)
3. SSSM ID .....
- Student’s Insurance Policy No. .... ( Attach copy of policy)
- Student’s Bank Ac ..... IFSC Code .....
- Aadhar Card No. .... No. of Brother Sister : .....
- Caste Certificate No. ( Digital Caste Certificate):( If Applicable) .....
- Annual Income ..... ( With Certificate ) Income Certificate No. ....
- Occupation of Father ..... Mother .....
4. Registration Required for Class ..... Year .....
5. School studying in at present .....
6. Class studying in at Present ..... Result : ..... Grade/ Percent obtained .....

6. Number of years studied through English Medium .....
7. Nationality of Parents ..... Child .....
8. Religion : Father ..... Mother ..... Child .....
9. Caste ..... Category : SC/ ST/OBC/ General ( Attach Caste Certificate )
10. School(s) and College(s) attended by Parents : .....(Please state medium of instruction and qualification)
11. Name of Father : .....Occupation.....
12. Name of Mother .....Occupation.....
13. E-mail Address of parents .....
14. Language(s) generally spoken at home .....
15. Academic attainment of the Child .....
16. Extra-Curricular interests of the child .....  
(Games, hobbies, etc. attach certificate (if any))
17. The child is eldest / middle / youngest child : .....(Please give particulars- Sex and age of children)
18. **Medical Information :**  
( Parents are requested in the interest of their child, not to conceal any information)
  - a. Does your child suffer from or ever had an attack of: Fits/ Asthma/Rheumatic Fever/ Infective Hepatitis/ Primary Complex/ Vertigo) (If so, Please give details-separately, if necessary) Yes / No
  - b. Is there an family history of Diabetes/ Fits/Asthma/Primary Compex ? Yes / No  
(If so, please give details- separately, if necessary)
  - c. Has your child ever had a head injury or fracture of bones? Yes / No  
(If so, please give details)
  - d. Does your child wet his bed clothes? Yes / No
  - e. Has your Child undergone any operation? ( If so, please give details) Yes / No
  - f. Is your child allergic to any medicines? ( If so, please give details) Yes / No
  - g. Does your child require to be given a special diet on medical ground? Yes / No  
( Please attach Doctor's certificate)

- h. Does your child suffer from any physical disability which would prevent him from taking part in games, physical training or swimming. (If so, Please attach the Doctor's certificates) Yes / No

**DECLARATION**

Dear Sir,

Will you please register my child's name on the waiting list for admission for the academic year beginning in .....  
I have read the school prospectus and I agree to abide by the rules in all respects and I also accept that there may be changes from time to time without notice.  
I also agree with the rule that the fees once paid is not refundable.

Yours Faithfully  
(Signature of Father/Mother/Legal Guardian)

Date:

Name & Address: .....  
Tel. No. ....Mobile : .....  
E-mail : .....

Note:

1. The registration fee (Rs. 500) per child for the time being, is payable.
2. The registration fee is neither refundable nor transferable.
3. The registration of a child's name on the waiting list does not carry with it the guarantee of admission.

घोषणा पत्र

मैं श्री/श्रीमति .....पिता श्री.....निवासी ग्राम ..... तह0. ....  
..... जिला ..... संभाग ..... राज्य .....ने आज दिनांक ..... को अपने पुत्र/पुत्री .  
.....को डॉन बॉस्को पब्लिक स्कूल, झिरपा, जिला छिंदवाड़ा में कक्षा .....  
.....सत्र.....में प्रवेश कराया है।

मैंने विद्यालय के सभी नियमों को पूर्ण रूप से पढ़/समझ लिया है कि :-

1. विद्यालय में जमा की गई शुल्क की प्रथम किस्त किसी भी परिस्थिति में वापसी योग्य नहीं होगा।
2. विद्यालय द्वारा दिए गये निर्धारित समय पर फीस का भुगतान करना अनिवार्य है जिसके अभाव में विद्यालय द्वारा विलम्ब शुल्क लगाया जाएगा।
3. विद्यालय या छात्रावास या खेल के मैदान पर छात्र/छात्रा के साथ कोई दुर्घटना होने पर विद्यालय जिम्मेवार नहीं होगा।
4. विद्यालय में छात्र/छात्रा द्वारा किसी तोड़फोड़ या विद्यालय की सम्पत्ति को नुकसान पहुँचाने पर ऐसे किसी भी नुकसान की भरपाई पालकों से करवाई जावेगी।
5. बच्चों को विद्यालय से ले जाना तथा विद्यालय लाना मेरी जबाबदारी रहेगी।
6. मैं यदि अपने बच्चों के अलावा अपने परिचित के जो एक ही स्थान के रहने वाले हैं ऐसे बच्चों को अपने साथ ले जाने के लिए उन बच्चों के पालकों की लिखित अनुमति के साथ ही बच्चों की पूर्ण जिम्मेवारी मेरी होगी।
7. बच्चे के बीमार होने की दशा में पालकों को अपने बच्चे/बच्चों को घर ले जाना होगा क्योंकि बीमार बच्चे से अन्य बच्चों को संक्रमण होने का खतरा होता है।
8. भविष्य में विद्यालय द्वारा सभी सूचनायें तथा नोटिस ई.मेल तथा मोबाईल नम्बर पर दी जायेंगी। इसलिए मेरा मोबाईल नम्बर ..... तथा ई.मेल ..... है।
9. अपने बच्चों को अवकाश के पश्चात् निर्धारित तिथि को विद्यालय पहुँचाने की जिम्मेवारी मेरी होगी। विद्यालय में 90 प्रतिशत उपस्थिति अनिवार्य है।
10. विद्यालय में बच्चों को पहुँचाने हेतु निर्धारित समय सुबह 9 बजे से शाम 6 बजे तक हैं किसी भी परिस्थिति में निर्धारित समय से पहले या बाद में बच्चों को विद्यालय में छोड़ने की अनुमति नहीं होगी।

मैं उपरोक्त सभी शर्तों पर पूर्ण रूप से सहमत हूँ।

दिनांक : .....

हस्ताक्षर पालक

## HEALTH CERTIFICATE

(Please detach this form and after it is duly completed it should be sent to the Principal with the application form for admission)

Name of Child .....Date of Bith .....

State whether your child has been given :

Triple Antigen	Yes / No	Year .....
Polio Vaccine	Yes / No	Year .....
B.C.G. Vaccine	Yes / No	Year .....
Smallpox Vaccination	Yes / No	Year .....
Typhoid Vaccination	Yes / No	Year .....
Tetanus Toxoid of A.T.S.	Yes / No	Year .....
Gamma Globulin	Yes / No	Year .....

Any other Immunisations or Vaccinations ?

Note : Vaccination for Small Pox, Typhoid and Cholera and deworming should be given before the child is sent to the School.

### State whether your child has suffered from

Measles	Yes / No	Year .....
Mumps	Yes / No	Year .....
Chicken Pox	Yes / No	Year .....
Typhoid	Yes / No	Year .....
Cholera	Yes / No	Year .....
Tuberculosis	Yes / No	Year .....
Poliomyelitis	Yes / No	Year .....
Jaundice	Yes / No	Year .....
Amoebic Dysentery	Yes / No	Year .....
Ever had a fit or Convulsion	Yes / No	Year .....
Allergy to any food or medicines	Yes / No	Year .....
Asthma	Yes / No	Year .....
Any Operation	Yes / No	Year .....
Nocturnal Enuresis	Yes / No	Year .....
General Health of Father		
General Health of Mother		

**MEDICAL CHECKUP BY A QUALIFIED MEDICAL PRACTITIONER**

- Heart
- Lungs
- Throat & Tonsils
- Edinoids
- Liver
- Ears
- Skin Disease ( Ringworm, Scabies etc.)
- Urine Test
- Stool Test

Signature of Medical Practitioner

With Seal

Registration No.....

**EYES TO BE TESTED AND REPORT GIVEN BY QUALIFIED DOCTOR**

Those children wearing spectacles should bring 2 sets of spectacles and their prescription in case repairs are needed.

Signature of Medical Practitioner

With Seal

Registration No.....

**TEETH –DENTAL CHECKUP BY A QUALIFIED DENTIST**

Those children wearing orthodontic appliances should bring instructions for readjustments etc.

Signature of Medical Practitioner

With Seal

Registration No.....