

8. **PRESENT ADDRESS (For Correspondence):** STREET NO.: _____

STREET NAME: _____

CITY/TOWN: _____ DIST: _____

STATE: _____ PIN:

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PHONE: _____ RESIDENCE _____ OFFICE _____

MOBILE _____

9. **PERMANENT ADDRESS:** STREET NO.: _____

STREET NAME: _____

CITY/TOWN: _____ DIST: _____

STATE: _____ PIN:

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PHONE: _____ RESIDENCE _____ OFFICE _____

MOBILE _____

10. ANNUAL INCOME OF THE PARENTS RS.

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11. SERIOUS AILMENT OF THE CHILD THAT THE SCHOOL SHOULD BE INFORMED e.g. HEART PROBLEM, EPILEPSY, ASTHMA, HEARING, SPEECH, CONVULSION etc.
NO/ YES, IF 'YES' SPECIFY _____

INSTRUCTIONS

The following Certificates **are to be submitted with this application form; if not, admission will not be considered.** All the original certificates will be returned to the parents after verification.

1. Original **valid** Birth Certificate from the competent Government Authority and a photocopy of the same & Original Discharge Certificate from Hospital or Nursing Home and a photocopy of the same.
2. Photocopy of the parents highest educational qualification certificate.
3. Residential proof certificate.

DECLARATION

- A. I fully understand that the school, on accepting for admission, is not in any way bound to grant admission, as admission is purely based on the availability of seats and on qualifying the Interaction. I also understand that the decision of the School Management regarding admission will be final and binding on me.
- B. On my ward's selection for admission, I shall have no objections to the instructions and guidelines of the school. I further undertake to abide by the school rules as may be put into effect from time to time.

Place: _____

(Signature of Father/ Guardian)

(Signature of Mother)

Date: _____