

MEDICAL DECLARATION

Form No. _____ Registration No. _____ For Class _____

Name _____ Father's Name _____

Sex _____ D.O.B _____ Age _____

Height.(cms) _____ Weight (in kg) Blood group _____

VACCINATION	DATE GIVEN
BCG	
POLIO & DPT 1st 2nd 3rd 1st BOOSTER 2nd BOOSTER	
HEPATITIS-B 1st 2nd 3rd	
MEASLES	
TETANUS TOXOID	
MMR	
CHICKEN POX	
TYPHOID	
HEPATITIS-A 1st 2nd	

- I hereby certify that I have examined the child
- He/She shows age appropriate mental and physical development
- He/She has been duly vaccinated as per schedule.
- He/She does not suffer from any serious or chronic disease.
- Kindly notify below if the child suffers from :

- | | |
|-----------------------------------|--------|
| (a) EPILEPSY | YES/NO |
| (b) BRONCHIAL ASTHMA | YES/NO |
| (c) DIABETES | YES/NO |
| (d) DRUG ALLERGY | YES/NO |
| (e) HEART/BRAIN DISEASE | YES/NO |
| (f) MENTAL ABNORMALITY/DISABILITY | YES/NO |
| (g) PHYSICAL DEFORMITY | YES/NO |

Parent/Guardian's Signature

Doctor's Signature
& Stamp (MBBS/MD.)

Affidavit on stamp paper of Rs. 50/-

This affidavit should be duly attested by a Magistrate/Notary Public. In case of self attestation, a passport size photograph of parent with proof (photocopy of pan Card/ Driving License/ Passport) is required.

AFFIDAVIT

I _____ (S/o/D/o) _____

R/o _____ do hereby solemnly affirm and declare as under:

I am the legal guardian of my ward Master/Miss _____
Reg. No. _____ who is seeking admission in Kundan Vidya Mandir Senior Secondary School, Ludhiana in LKG class. I fully understand and undertake not to claim any refund of fees and other charges (except Advance Tuition Fee, Amalgamated Fund & Admission Security) deposited at the time of admission in case I decide not to continue the studies of my ward in this school.

Deponent

Verified that the contents of my above said affidavit are true and correct and nothing is false or has been concealed.

Verified at Ludhiana on _____

Deponent