CERTIFICATE FOR THE PARENT

I/We hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard. I/we also understand that the application/registration does not guarantee admission to my/our ward. I/we accept the process of admission undertaken by the school and will abide by the decision taken by the school authorities.

I/We are aware that library security and admission security will be refunded at the time of leaving the school. If it is not claimed within six months of the student's leaving the school, it will be forefeited. School charges once paid are not refundable except advance fee which includes Tuition fee, Amalgamated Fund, Computer & Science Fee, Digital learning & IT Fees.

I/We will attach original birth certificate from the Municipal Corporation with the registration form to support the given particulars. It is in my/our knowledge that this certificate will not be returned (for LKG). Date of Birth once registered will not be changed under any circumstances. Spellings of names (applicant, father, mother or guardian) entered in admission form may be changed before registration of IX std.

	Father's Signature	
	Mother's Signature	
Date	Guardian's Signature	

I undertake that my ward will not take part in any agitational activity.

(For Office use only)

- 1. Admission Security
- 2. Admission Fee
- 3. Dilapidation Fund
- 4. Registration Fee
- 5. Tuition Fee
- 6. Library Security
- 7. Maintenance Charges

- 8. Amalgamated Fund
- 9. Magazine Fee
- 10. Computer & Science Fee
- 11. Digital learning & IT Fee

′.	. Waintenance Onlarges		
	Please admit	_to Class	_Section
	Teacher-in-charge	Section-in-charge	Principal

MEDICAL DECLARATION

Form No	Registration N	0	For Class		
Name		Father's Name			
Sex	D.O.B	Age_			
Height.(cms)					
VACCINAT	TION	DA	TE GIVEN		
BCG					
POLIO & DPT 1st BO 2nd BO	1st 2nd 3rd OSTER OSTER				
HEPATITIS-B	1st 2nd 3rd				
MEASLES					
TETANUS TOXOID					
MMR					
CHICKEN POX					
TYPHOID	4.				
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/DISA	RII ITV		YES/NO		
(g) PHYSICAL DEFORMITY	ADILIT		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

<u> </u>	(S/o/D/o)			
R/o		do hereby solemnly affirm and		
declare as under:				
am the legal guard	ian of my ward Master,	/Miss		
Ludhiana in LKG clas charges (except Adv	ss. I fully understand and and and and and and and and and	ssion in Kundan Vidya Mandir Senior Secondary School, and undertake not to claim any refund of fees and other algamated Fund & Admission Security) deposited at the ontinue the studies of my ward in this school.		
		Deponent		
Verified that the cor	•	d affidavit are true and correct and nothing is false or		
Verified at Ludhiana	a on			

Deponent