



Col Satsangi's Kiran Memorial Public School Admission Form

Paste recent
colour
photograph
of the student

N.B. - Please read carefully this form, fee schedule, brochure & prospectus. Kindly seek admission of your ward only if you are genuinely convinced and not as a contingency. Please enclose the required documents along with the form. **I hereby apply for admission as per details given below:**

I. I AGREE to abide by rules & regulations framed/changed without any reference/concurrence to/by me & hereby give up all rights/claims now & in future, to challenge any of these in any way legal or otherwise, whatsoever.

I SEEK this admission after full knowledge & conviction of the excellent/unique setup of the institution including its special characteristics of living style/educational process, which may be considered rather unusual by many and in the spirit of Raja Dashrath sending 'Ram' to Vishwamitra, Raja Pandu sending Pandavas to Dronacharya etc.

I WILL FULLY RESPECT the Customs & Philosophies of the Institution regarding festivals, holidays, leaves & dresses etc. and I know that I am doing it for the ultimate benefit, growth & development of the child & entirely at my cost & risk, with full faith in the best effort of the institution. I FULLY UNDERSTAND that the Institution & its staff will in no way be considered responsible for any mishap/failures whatsoever including God forbid physical harm to the child due to any act of commission/omission of the Institution or its staff.

Parent/ Guardian Name: _____

Signature _____

Date : _____

II. Name of child: _____

III. ACADEMIC RECORD						
SCHOOL(S) ATTENDED SINCE <small>CL-I (Indicate Board in case of Class IX, X, XI)</small>	CLASS <small>FROM TO</small>	YEARS OF STUDY <small>20 TO 20</small>	MEDIUM	RANK	CO-CURRICULAR ACHIEVEMENT SPORTS &	
1.						
2.						

Study Plans after class 10 th	<input type="checkbox"/> Science-Bio <input type="checkbox"/> Science- Math <input type="checkbox"/> Arts <input type="checkbox"/> Commerce <input type="checkbox"/> Other.....
Study Plans after class 12 th	<input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Business <input type="checkbox"/> Lawyer <input type="checkbox"/> Other.....

IV. ADDITIONAL INFORMATION	
Marital Status of parents	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Persons Responsible for Paying Fees	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Brother <input type="checkbox"/> Other.....

Sibling Details:			
Relation Type	1. <input type="checkbox"/> Bro <input type="checkbox"/> Sis <input type="checkbox"/> Cousin	2. <input type="checkbox"/> Bro <input type="checkbox"/> Sis <input type="checkbox"/> Cousin	3. <input type="checkbox"/> Bro <input type="checkbox"/> Sis <input type="checkbox"/> Cousin
Full Name			
School Name			
Address			
Class			

V. UNDERTAKING

1. I as Local Guardian – do affirm, to be available to the School, as nearest contact, to represent the parents, in case of need and do the needful in the benefit of the child.

2. The child may be TO GO ON LEAVE ALONE ALLOWED NOT ALLOWED

Note: The school does the best to look after the children. However if a child leaves the school on his own, without permission, the school will not be responsible in any case whatsoever, because the school is not a prison.

(Sign. of Parents/Guardian)

(Sign. of Local Guardian)

(Sign. verify by Parents/ Guardian)

Name

Name

Name

VI. FOR OFFICE USE ONLY

School No _____ Class _____ Section _____ House _____

As BOARDER LONG HOUR DAY BOARDER

OFFICIAL SIGN.

VII. ADMISSION DETAIL: To be verified by main office/admission office

Admitted in Class		Admitted in session	
Admission Date		Stream Allotted (XI, XII)	

Seat Reservation Fee	RS. _____ PAID VIDE MR NO _____ DTD _____
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OFFICIAL SIGN.

Fee paid after approval of Admission	RS. _____ PAID VIDE MR NO _____ DTD _____
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OFFICIAL SIGN.

VIII. TRANSPORT: Student's Bus Information (to be given by School Transport)

Allotted Pickup point _____ Pickup Time _____
 Allotted Drop point _____ Drop Time _____
 Route No _____ Bus No _____

OFFICIAL SIGN.

IX HOSTEL: Student's Hostel Information (to be verified by Hostel warden)

House Allotted _____ Hostel Allotted _____ Room No. Allotted _____
 Mess _____ Veg Non Veg Attached with Student as friend _____

OFFICIAL SIGN.

X. SUBJECTS OFFERED XI - XII

PCM	PCB	COMMERCE	HUM
1. English	1. English	1. English	1. English
2. Physics	2. Physics	2. Accountancy	2. Political Science
3. Chemistry	3. Chemistry	3. Business Studies	3. Sociology
4. Mathematics	4. Biology	4. Economics	4. History
5. Psychology/Info. Practices	5. Psychology/Info. Practices	5. Psy/Info. Practices/ Maths	5. Psychology

XI. PRINCIPAL'S APPROVAL & REMARKS

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 Signature of Principal
 Date :

XII. I AGREE TO ABIDE BY THE FOLLOWING RULES REGARDING PAYMENT OF FEES & WITHDRAWAL FROM SCHOOL:

- (a) I have gone through the fee schedule and other rules as contained therein and also in the school prospectus & shall comply with them.
 - (b) I will pay all the dues by 9th of the month.
 - (c) All fees are chargeable on FULL SESSION BASIS irrespective of the date of admission. However as a concession to Transfer cases for MID-SESSION ADMISSION only 3 months fees may be charged as arrears fee on the date of admission.
 - (d) Late Grace Fee of Rs. 100/- per month for boarder and Rs. 50/- for day boarder for any type of dues will be charged after 9th of the month.
 - (e) Existing rate of fees is linked with CONSUMER'S PRICE INDEX and DA as announced from time to time by the Govt. of India. The announcement by the Govt. will be considered as NOTICE to parents and fees will be required to be paid as calculated, ipsofacto & automatically, according to the Govt. announcements.
 - (f) If child is to be withdrawn from school, two clear month's advance notice is a must in all cases, otherwise two months fees will be charged in lieu.
 - (g) In case, after applying for withdrawal, I want my child to continue, it will be treated as re-admission case.
- Verification and undertaking: I verify that information supplied in this application form is correct and I will provide full support to my ward in fulfilling the requirements of CSKM PS and meeting all expenses.

Signature of Parent/Guardian:

DATE : _____
 PLACE: _____ NAME OF THE SIGNATORY: _____ RELATIONSHIP WITH THE CHILD: _____