

Allergies (if any)

Drugs prohibited for above Allergies

Col Satsangi's Kiran Memorial Public School Registration Form

Paste recent colour photograph of the student

Fill in the form clearly in BLOCK LETTERS with correct information. You can select more than one option wherever required. The form should be duly signed by the parent/guardian. I apply for the Registration of my ward in Classas: BOARDER DAY BOARDER Parent/ Guardian Name: _ Signature STUDENT'S PERSONAL INFORMATION First Middle Last Name Date of birth/.......(Date/Month/Year) Age: Years Months Place of Birth Gender MALE ☐ FEMALE AADHAR NO: **Caste Category** ☐ GEN ☐ OBC ☐ SC ☐ ST (As PER GOVT. STIPULATIONS) Mother Tongue ☐ Hindi ☐ English ☐ Other..... Nationality ☐ Indian ☐ Other..... If child is adopted Yes (Since year Attached Adoption Deed) No. of Brothers No. of Sisters..... Student's Position in Family (Elderliness)..... **DOCUMENTS** Remarks-Original (O)/ Document **Submission Status** Provisional (PV)/Photo stat (PS) Birth Certificate □No ☐ In Process □PV □PS Medical Fitness Certificate Transfer Certificate Other equivalence etc..... П Adoption Deed (if applicable) III. **DESCRIPTION OF CHILD'S PERSONALITY:** Your Child's Strength and Potential? (A) YOUR CHILD'S WEAKNESSES OR DEVELOPMENTAL NEEDS? HOW DOES HE/SHE SPEND HIS/HER TIME WHEN THERE IS NOTHING PARTICULAR TO BE DONE: (D) Interest: Hobbies IV. PHYSICAL INFORMATION: To be verified by Medical Incharge of the School Height (in Cm)..... Weight (in Kg)...... Left Eye Sight...... Right Eye Sight...... Skin Complexion/Color ☐ Fair ☐ Wheatish ☐ Dark ☐ Other..... Blood Group $\square A+ \square A- \square B+ \square B- \square O+ \square O- \square AB+ \square AB-$ Mark of Identification on Body Any Physical Disability/Challenged

ANY PARTICULAR TYPE O	OF SICKNESS V	VHICH HE IS PRONE TO, I	F SO, THE GENER	AL LINE OF TREATM	IENT TO WHICH HE	RESPONDS.	
FULL DETAILS INCL. NAM	IE, ADDRESS,	TEL. NOS, BOTH OWN A	AND NEARBY ONES	S, WHO MAY CONVE	EY URGENT MESSA	GE QUICKLY TO YOU.	
NAME, ADDRESS & TE	L. N O. OF AN	IY PARTICULAR DOCTO	OR, TO BE CONTA	CTED IN CASE OF	SICKNESS TO THI	E CHILD.	
PHYSICAL ENDURANCE/STAMINA: VERY STRON		VERY STRONG	STRONG	STRONG AVERAGE TE		ENDER WEAK	
V. FAMILY INFOR	MATION (Persons authoriz	zed to meet/				
Et a CN a a a	Father			Mother		Local Guardian (if any)	
First Name							
Middle Name							
Surname							
Aadhar Card No.							
Age							
Academic Qualification							
Occupation							
Organization Name							
Designation							
Income (Per Annum)							
email id							
Contact Address			1				
House No.							
Street/Area							
City							
State							
Country							
Pin/ Zip Code							
Telephone(Office)							
Mobile (Additional)							
Specimen Signature							
Please sign across the photograph also		Paste Photograph		Paste Photograph		Paste Photograph	
NAME AND ADDRESS OF TWO		S KNOWN TO SCHOOL/					
2							
Name of Signatory:							
Relationship with child:							
I certify that the above infor Parent's Name :	mation prov	vided by me is corre					
Signature :					_		
Date :					Sigr	n. of Office Supdt.	