

DECLARATION CUM ADMISSION FORM

FOR OFFICE USE

Admitted in

Admission No.

Principal's Signature



No.

P.P.M. School

Affiliated to C.B.S.E. New Delhi Up to +2 Level

Venkateshwar Nagar, Arwal More, JEHANABAD (Bihar)-804408

Dear Sir,

Please register the name of my son/daughter/ward for admission to the School as a

1. Name in Full

2. Admission Sought to standard

3. Date of Birth (in words)

(Birth Certificate or Transfer Certificate Must accompany this form)

4. (a) Name of Previous School attended

(b) Class last attended

(c) Medium of Instruction in the Previous School

5. (a) Fathers Name

(b) Qualification (c) Profession

6. (a) Mothers Name

(b) Qualification (c) Profession

7. Nationality

8. Permanent Address

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8. Present Address

Telephone No., Res. off

10. PARENTS / GUARDIANS DECLARATION

I have read the rules and regulations of the school as given in the Prospectus. The Statement made here are, to the best of my belief and Knowledge **CORRECT**. If the facts Stated above are found **INCORRECT** at any stage, my son/Daughter/ward will forfeit his/her admission in the school. I shall Co-operate with the school management in every respect according to the rules regulation of the school or such other rules and regulation as may to framed from time to time. I do here by identify the school management and staff against any claims arising through illness accident or any other cause, The school management and its staff will not be illness for any damage/charges/componensation on account of Injuries fatals or otherwise which may be sustained by the student any time while coming to the school or going back to his/her stay in school, whether taking part in academics/Sports/martial arts/ physical training/excursion/tours extra co-curricular or any other form of activities of the school within or outside the school premises. All expenses that may be incurred in the treatment of such injuries will be born by the parents/guardian. In all the matters, the decision of the Director, Principal will be final binding.

11. Specimen Signature of Parent/Guardian

Full Signature of Parent/Guardian

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