



UNDERTAKING

We _____ & _____

Parents of _____ resident of _____

_____, certify that all the information provided by us for admission to our ward to Trivir Public School, Karma, Bihar is correct and we understand that if the information is found to be incorrect or false, our ward shall be automatically debarred from selection /admission process without any correspondence in this regard. The admission will also stand cancelled if the information provided is found to be incorrect or false, at a later date.

We the parents also understand that the application / registration / short listing does not guarantee admission to our ward.

We the parents accept the process of admission undertaken by the school and will abide by the decision taken by the school authorities.

(Father's Name & Signature)

(Mother's Name & Signature)

Date: _____

(Admission No.....)

(For Office use only)



Trivir Public School

Karma, Bihar

ENROLMENT FORM

(All the entries should be in capital letters only)

Full Name of the Student First Name :

Last Name :

Date of Birth (In Figures)
(DD) (MM) (Year)

(In Words) : _____

Last School Attended : _____

Transfer Certificate Submitted (Yes/No)

(No admission will be regularized until Transfer Certificate (in original) is produced. In case of first admission in Nursery, Prep and Class I, Birth Certificate in original issued from the Municipal Corporation is mandatory).

Nationality of Child Religion Sex (M / F)

Whether member of SC / ST / OBC / EWS & DG School Conveyance required or not: (Yes / No)

Father's Details	Mother's Details
Father's Name _____	Mother's Name _____
Academic Qualification _____	Academic Qualification _____
Organisation Name _____	Organisation Name _____
Designation _____	Designation _____
Office Address _____	Office Address _____
Office Tel.No. _____	Office Tel.No. _____
Fax No. _____ Mobile No. _____	Fax No. _____ Mobile No. _____
Email ID _____	Email ID _____

Permanent Residential Address	Permanent Residential/ Local GuardiansAddress
_____	_____
_____ Pin _____	_____ Pin _____
Res. Tel. No _____	Res. Tel. No _____
Mobile No. _____	Mobile No. _____

We, hereby certify that the information given in this enrolment form is correct to the best of our knowledge and belief.

Date..... Signature of Mother..... Signature of Father.....

(OFFICE USE ONLY)

Admit in class Section

Admission Incharge _____

Principal

To be certified by a Registered Medical Practitioner

Date of physical examination Height Weight
B.P. Pulse Vision L R
Squint Conjunctiva Cornea Ear L R

Clinical Examination	Normal	Recommendation	
Head / Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of Current Health Condition _____

- Fit to Participate in age specific physical activity _____
- Fit to participate in age specific physical activity with precaution _____
- Should not participate in competitive sport _____

Name of the Doctor

Regn. No.

Signature of Doctor

MEDICAL CERTIFICATE BY SCHOOL DOCTOR

Certified that I have examined Master / Miss _____

and he / she is medically fit / unfit for admission in the School.

Date :- _____

Signature of Medical Officer

TPS Karma, Bihar



Trivir Public School, Karma, Bihar

MEDICAL FORM

(BOTH SIDES OF THIS FORM TO BE FILLED UP AND SUBMITTED AT THE TIME OF ADMISSION)

Name of the student.....M / F.....Class.....

Name of School : Trivir Public School, Karma, Bihar

Date of birth..... Blood Group.....

Father's name.....Mother's name.....

VACCINATIONS

Immunization	Recommended age	Date when done
BCG	0-1 month	
Hepatitis B	At birth	
	1 month	
	6 months	
DPT	1.5 months	
	2.5 months	
	3.5 months	
H Influenza B	1.5 months	
	2.5 months	
	3.5 months	
Oral Polio	At birth	
	1.5 months	
	2.5 months	
	3.5 months	
Measles	9 months	
MMR	15 months	
Chicken pox	15 months	
DPT+ OPV+ Hib	18 months	
Typhoid	2 years	
Hepatitis A	2 years	
	30 months	
DPT+ OPV	4- 5 years	

BOOSTER DOSES

Typhoid(every 3 yrs)			
Tetanus (every 5 yrs)			
Other vaccines			

HEALTH HISTORY ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

• Does the child have any problem during physical activity

Signature of Mother.....Signature of Father



Trivir Public School

Karma, Bihar

Fee Structure for the Academic Year 2016-2017

AT THE TIME OF ADMISSION		
PARTICULARS	FREQUENCY	AMOUNT (Rs)
PROSPECTUS & REGISTRATION FEE	ONE TIME	500
ADMISSION FEE (CLASS NURSERY TO STD. II)	ONE TIME	12000
ADMISSION FEE (STD. III TO STD. VII)	ONE TIME	16000
CAUTION MONEY		2000
ANNUAL CHARGE		
ANNUAL CHARGE (CLASS NURSERY TO STD. II)	ANNUAL	6000
ANNUAL CHARGE (STD. III TO STD. VII)	ANNUAL	8000
TUITION FEE		
CLASS NURSERY TO STD. II	MONTHLY	1000
STD. III TO STD. VII	MONTHLY	1200
COMPUTER FEE	MONTHLY	200
TRANSPORTATION FEE EXTRA FOR DAY SCHOLARS IF OPTED		
HOSTEL FEE		
STD. III TO STD. VII	ANNUAL	145000