

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: _____

MEDICAL FORM

Trivir Public School, Karma, Bihar

(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**

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 _____

Signature of Doctor.....

Name of the Doctor

Regn. No.

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

Trivir Public School, Karma, Bihar



Trivir Public School

Karma, Bihar

[Admission No.....]
[For Office Use Only]

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) :
(D D) (M M) (YEAR)

Last School Attended (In Words) :

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 <input type="text"/>	Mother's Name <input type="text"/>
Academic Qualification <input type="text"/>	Academic Qualification <input type="text"/>
Organisation Name <input type="text"/>	Organisation Name <input type="text"/>
Designation <input type="text"/>	Designation <input type="text"/>
Office Address <input type="text"/>	Office Address <input type="text"/>
Office Tel.No. <input type="text"/>	Office Tel.No. <input type="text"/>
Fax No. <input type="text"/> Mobile No. <input type="text"/>	Fax No. <input type="text"/> Mobile No. <input type="text"/>
Email ID <input type="text"/>	Email ID <input type="text"/>

Permanent Residential Address

Pin
Res. Tel. No.
Mobile No.

Present Residential / Local Guardians Address

Pin
Res. Tel. 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
(OFFICE USE ONLY)

Signature of Father

Admit in Class

Section

Admission Incharge

Principal