Dear Parent,

I am glad to inform you that your ward has been shortlisted as per the Guidelines of the Hon'ble High Court and the Department of Education. Your ward has been selected provisionally for admission to Pre-Primary (Mont-I) for the session 2018-19 beginning from April 2018.

ADMISSION WILL BE SUBJECT TO VERIFICATION OF ALL RELEVANT DOCUMENTS. Parents to come in person for the verification of documents. (Both the parents). You are requested not to bring your ward along with as the process takes some time.

You are requested to bring the following documents at the time of verification-

- 1. Original Birth Certificate along with the self-attested copy (Original will not be returned).
- 2. Three passport size colour photographs of the child, Father and Mother.
- 3. Proof of Residence: UID (Aadhar card) of the parent and the child. (Get the Photocopy and Original for verification)\*\*\*.
- 4. Medical Certificate from a Registered Doctor (At least MBBS) in the attached prescribed proforma.
- 5. PAN Card of the parents (get the photocopy and original for verification).
- 6. Undertaking on stamp paper of Rs 10/- (Text is attached).
- 7. Undertaking for first born declaration on a stamp paper of Rs.10/-(Text is attached).
- 8. Undertaking for address proof on a stamp paper of Rs.10/- (Text is attached).
- 9. Transport form to be filled and submitted (if required).
- 10. Last Fee receipt of the Sibling (for sibling case).
- 11. Class 12 passing certificate of CBSE (for Alumni cases).

\*\*\* Distance to the school from residence address to be verified by Google map only.

You are requested to complete the verification formalities on the given date and time. The school will accept the fees only after completion of the verification process.

## NOTE-

- 1. NO CHANGE IN THE DATE WILL BE ENTERTAINED. NO REQUEST/EXTENDED TIME FOR SUBMISSION OF DOCUMENTS WILL BE PERMITTED.
- 2. KINDLY ENSURE THAT THE RESIDENCE ADDRESS AND THAT THE NAME OF THE CHILD AND THE PARENTS IS THE SAME ON ALL DOCUMENTS SUBMITTED(i.e. Admission Form, Birth Certificate, Aadhar card, Affidavits)

Please note that without the above mentioned documents, admission will not be granted to your ward. Thanking You,

Yours Sincerely

(Ms. Meenu Goswami)

**Principal** 

#### **SECTION II**

#### ADMISSION PROCEDURE

- 1. For the verification of documents, report at the reception on the given date and time.
- 2. Bring the print out of the following documents (completely filled and needful done as indicated in the Individual forms).
  - First born declaration.
  - Residence address declaration.
  - Medical fitness schedule
  - Declaration cum Undertaking ( as above)
  - Transport form (if required).

Dear Parent, You are requested to furnish a Declaration cum Undertaking (Specimen as under) duly typed on a Rs 10/- non judicial stamp paper, duly attested by a 1st Class Magistrate/Notary public and submit the same along with the Medical Certificate, at the time of admission. The Principal, Bal Bharati Public School, Pitampura, Delhi - 110034 Date: - ..... **DECLARATION CUM UNDERTAKING** RESIDENTIAL ADDRESS UNDERTAKING We, Father \_\_\_\_\_\_ of \_\_\_\_\_ do hereby solemnly affirm and declare that our residence address is and we have been staying at this address since\_\_\_\_\_years. Name of the father \_\_\_\_\_ Sign \_\_\_\_\_

Verified at Delhi on \_\_\_\_\_ day of \_\_\_\_\_ 2018 that the contents of my above affidavit

are true and correct to my knowledge and no material facts have been concealed

Sign \_\_\_\_\_

DEPONENT	

therein.

Name of the mother \_\_\_\_\_

We , Fathera hereby solemnly affirm and dec child and does not have any oth	lare that the above mentio		do oorn
Name of the father	Sign		
Name of the mother	Sign		
Verified at Delhi on day of are true and correct to my know therein.		•	
DEPONENT			



# BAL BHARATI PUBLIC SCHOOL, PITAMPURA, DELHI *MEDICAL CERTIFICATE (2018-19)*

	Name of the child	FOITH NO.
	Date of BirthSo	ex
	Session Cla	ass
	Father's Name	
	Telephone No (Residence)	(Office)
	Residential Address	
		_ Delhi
	Office Address	
	GENERAL EXAMINATION-	
1.	Blood Group	·
2.	,	ood items
3.	Has the child been hospitalized ever, if hospitalization-	so specify the ailment & period of
4.	Is the child on any regular medication	
- 5.	Is your child a special needs child	
	•	BPSugar
		TBThyroid
		Any other
D	octor's note and fitness verification	
		-
D	octor's Name	(in capital letters)
Si	ignature	
St	tamp-	

## VACCINATION (To be certified by a Registered Medical Practitioner)

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Months		
DPT	2 Months		
	3 Months		
	4 Months		
НІВ	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken-Pox	After 1 Year		
DT-OPV	4½ Years		

N	lame	and	Signat	ture (	)f 1	fath	er

Name and Signature of mother

Name and Signature of Doctor

**Stamp of Doctor** 

Dear Parent,

You are requested to furnish a Declaration cum Undertaking (Specimen as under) duly typed on a Rs 10/- non judicial stamp paper, duly attested by a 1st Class Magistrate/Notary public and submit the same along with the Medical Certificate, at the time of admission. The Principal,

Bal Bharati Public School , Pitampura, Delhi – 110034

Date: - .....

### **DECLARATION CUM UNDERTAKING**

I	, Gaurdian (Father/Mothe	er) of	resident of	
	do hereby solemnly declar	e & undertak	e that:	
1. All the informa	ation given by me in various form	ns and docum	ents is true to best of my kn	owledge. In
case any informa	tion is found incorrect, the Man	agement is fre	ee to take action it deems fit	including the
cancellation of a	dmission of my ward	F	orm no	
where my family	rtake that the address given in t along with the child are residing admission of my ward	g. In case,this	information is found incorre	ct,
welfare of childre any mishappenin	d and I am satisfied that the schen. Inspite of best effort, all poss g may occur due to any extraned the school Management in any	ible precautions ible precautions.	ons and safety measures take hich are beyond the control	en by the school, of the school,
mishappening, in at any time while taking part in ga or by contacting	take that the school will not be ijuries (total or other wise) whic taking part in any curricular, co imesand sports / or during trave any illness or disease (s) in side reatment of such injuries will be	h may be sust curricular or e lling or excurs or out side th	ained by my ward extra curricular activities / or ion / or during any other no e school premises. All expen	while rmal activities
maintaining orde	take that the decision and actio r and the school discipline shall ities in this regard.			
	at I shall not take any proceeding ening (s) or for any disciplinary a			authorities
This declaration of	cum undertaking is executed by	me on this		day of
	(DD/MM/YY) a	t Delhi		
Delhi. <b>SIGNATURE OF EXI</b> Witness : (1) Signature				
Name				
Address Witness : (2)				
• •				
Name				
Address				



## **PITAMPURA**

## Transport form (2018-19)

What mode of transport	would your child use:	
School transport/own po	ersonal arrangements	
In case of availing school	ol transport, please fill the following.	
Name of the child :		
Reg_No :		·
	Father Details	Mother Details
Name:		
Present Address:		
Telephone No.(Res):		<del></del>
Telephone No.(Office):		
Mobile No.:		
Bus Point :		·
Signature of Father		Signature of Mother