



ATHARE PATIL PUBLIC SCHOOL, AHMEDNAGAR
C.B.S.E. Pattern ADMISSION FORM

Boarder / Day Scholar

Date: / / 201

To,
The Headmaster,
Athare Patil Public School,
Ahmednagar 414003

Student's
Passport
size
Photograph

Dear Sir,
I request that my son/daughter/ward whose particulars are given below be admitted in your school with effect from _____

1) **Name of the Student** (In Block Letters)

(Surname)

(First Name)

(Father's Name)

2) **Date of Birth:** In figures :-

In Words _____

Age as on (1st April, 201) : _____ Years _____ Months _____ Day _____

3) **Place of Birth** : Town _____ Taluka _____ Dist: _____ State: _____

Birth Certificate:

Grampanchayat

Municipality

4) **Religion** _____ Caste: _____

Caste Category: SC/ S.T/N.T/D.T/O.B.C/ SBC/ Open/Others

5) **Mother tongue:** _____ **Nationality:** _____

6) **Father's Name in full :** _____

7) **Mother's Name in full :** _____

8) **Address for correspondence:** _____

PIN Code : _____

9) **Telephone No. :**

Mobile No : 1) Father : _____ **Landline No :** Residence: _____

2) Mother : _____ **Office :** _____

10) **Email ID :** 1) _____

2) _____

11) **Blood Group / Rh :** _____

12) Parent's Occupation : - _____ Place of work: _____

13) Annual Income of Parents : Rs : _____

14) Standard in which studying at present : _____

Admission is sought in standard : _____

15) Names of the previous schools attended :

Sr. No	Year	Name of the school	Class	Medium of instruction

16) Parents / Guardians allowed to meet the student and their photos:

Sr. No	Name	Relation	Mob.No	Address	Occupation
i)					
ii)					
iii)					
iv)					

(i)



(iii)



(ii)



(iv)



17) Medical Certificate:

This is to certify that Master/Misshas been examined by me _____ and found to be mentally and physically fit to undergo the academic and physical activities available at Athare Patil Public School, Ahmednagar. He doesn't suffer from epilepsy, fainting episodes or physical deformity & any other acute or chronic diseases.

He is suffering from:

i) _____

ii) _____

and is taking the following treatment :

i) _____

ii) _____

Signature of the Doctor

Name : Dr. _____

Reg No. _____

Town : _____

Parents/Guardian's signature:

Stamp of the Doctor

Remarks by Principal/ Headmaster : _____

Admit in class: _____ as Dayscholar / Hostelite for CBSE/State Board .

Principal / Headmaster

N.B: Admission will be confirmed only after submission of the School Leaving Certificate/ **Original Birth Certificate ,Caste Certificate , Aadhar Card Xerox**,of the competent authority of Village/Municipal organization and payment of the Annual fees in full.

For Office use only

Documents Submitted : 1) Original Birth Certificate/S.L.C <input type="checkbox"/> 2)Aadhar Card xerox <input type="checkbox"/> 3) 3 passport size photos <input type="checkbox"/>	
4) Caste Certificate: <input type="checkbox"/> 5)Student's Consolidated Data: <input type="checkbox"/>	
Application Checked by:	Accountant/ Cashier:
Principal/ Headmaster	

School Seal

ATHARE PATIL PUBLIC SCHOOL, AHMEDNAGAR
C.A.P. GRAM NAVODAYA TRUST
DECLARATION AND AGREEMENT BY THE PARENTS/ GUARDIANS

- 1) I have read the Prospectus of Athare Patil Public School and hereby agree to abide by the rules and regulations mentioned in it and accept that they may be changed, altered, added, amended from time to time and will remain binding on me and my ward.
- 2) I agree to pay the prescribed School, Hostel, Food and other charges in advance as per Prospectus and Circulars sent to me from time to time.
- 3) I note that, I have to give notice for withdrawal of my ward at least one month prior to commencement of the term in writing. On failing to do so, the entire amount of Caution Money will be forfeited. I am aware of the fact that my failure of intimation will result in blocking the entrance of other students in the School or Hostel, which in turn also results in bringing financial loss to the school and the Trust. Hence also if admission is cancelled, total amount of Annual fees and charges paid will be forfeited and the balance will be recovered.
- 4) I am aware and agree that the Caution Money amount will be refunded only on receiving an application to the Headmaster or Trust which should be made within a period of six months after leaving the school permanently. After this duration the amount of Caution Money can't be claimed.
- 5) I declare that whatever my religion is, I have no objection to allowing my ward to attend the school prayers and functions due to the secular structure of the school.
- 6) I agree to my ward being provided help or facilities i.e. medical treatment, amenity requirements etc. by the school, or Trust, the cost thereof be charged to me in the bill for which I will remain liable to reimburse.
- 7) I agree that I will visit my ward only during the day and time fixed for the same by the school or Trust. I will also not take my ward away from the school/ Hostel without permission of the proper authority. My ward will be allowed to be taken away for a particular period only in case of unsurmountable exigencies with the permission of the Principal/ Headmaster only.
- 8) I agree that the school, the Trust and their employees will not be liable for damages, charges or loss on account of accidents, injuries or serious illness that may be sustained by my ward at any time during his/ her stay in the School or Hostel and also while taking part in sports or other extra curricular activities or on tours , excursions, travels or other activities organized by the school etc.
- 9) I agree to pay all the Annual fees and charges regularly in advance before the opening of the First Term and also accept and authorise School or Trust Authorities to send my ward home if the fees or charges remain unpaid.
- 10) I agree that in all matters of difference of opinions, the decision of the Principal/ Headmaster will be binding on me and my ward.
- 11) I understand , accept and authorise participation of my ward in compulsory programs of tours, treks, excursions, camps, competitions and other activities organised by the School or Trust and in case of extra expenses for the same, I will be liable for reimbursement of additional expenses if any.
- 12) I also authorise the Principal/ Headmaster and through them , the staff of the school or Trust to act as Local Parents of my ward while he/ she is in the school or Hostel or on tours, treks, expeditions, camps, travels etc.
- 13) I certify and confirm that the information given in respect of my son / daughter/ ward is correct. Should any of it be found incorrect, I agree to accept the decision of the school authorities arising therefrom including rustication or removal of the ward from the school.
- 14) I agree that the School and Trust has the right to change, amend, alter, or add to charges and fees that are mentioned in the Prospectus or by circulars as circumstances warrant from time to time; in view of the economic transitions and changes taking place and most likely to take place in the coming future.
- 15) I agree that in the event of my ward absconding from the school or Hostel premises or from the charge of hostel or school authorities for any reason whatsoever, the School or the Trust and their concerned employees of the School/ Hostel authorities will not be responsible in those matters and his/ her leaving the hostel and School premises without the permission of the Authorities will be entirely at his/ her own risk. Whatever action is taken by the school Authorities will be binding on him/ her and on me.
- 16) I also agree that due to unforeseen and unavoidable circumstances or calamity, beyond the limit, capacity and control of the Management if any section of the School or Trust has to be closed down, the Management of the school and also for the consequences and losses resulting thereof.
- 17) I understand and agree that the school and the trust reserves all rights of admission. i.e. School admission given by the school and Hostel admission given by the Trust respectively and also to cancel his/ her school and or Hostel admission.
- 18) I undertake and accept that on failure to pay or remit the dues of the school or dues of the trust, canteen, hostel , stores , the school is authorised to withhold the marksheets, school leaving certificate etc. of my ward and remove my ward from rolls , till the full remittance of all dues. I also undertake and accept that if dues of Hostel and canteen, to the Trust paid by the school then I will remain liable to reimburse the said dues to the school in view of the fact that favour was shown to my ward to continue in the school or Hostel and to complete the term or the academic year.
- 19) I solemnly declare that I do not wish to take any advantage of the policy of free education declared by the Maharashtra State Government. I am aware that the School does not receive any aid or grant from the State Govt. and as such, for maintaining, running and providing amenities the school cannot function without any financial assistance and as such I will pay all the charges which may be changed, amended, added, altered from time to time.

Yours faithfully,

Date:

Place:

Signature of Headmaster

Athare Patil Public School
Vadgaon Gupta Road, Savedi Area,
Ahmednagar - 414003

Signature of Parent/ Guardian

Name in full : _____

Relation to the Student : _____

Address : _____

Mob.: _____