

UNDERTAKING

I, Mr.....and I Mrs....

Parents of Master/Miss...... who is studying in Class......in Campion School Bhouri, hereby promise to abide by the rules and regulations of the school and have no complain or objection to any legitimate action taken by the school authorities / administration regarding the academic and disciplinary matters on our ward.

All the above particulars in this form of my ward have been entered correctly by us. We hereby undertake to abide by the rule of the school as contained in the school diary and directives given by school authorities from time to time.

/ /202 DATE	FATHER	MOTHER
		PRINCIPAL
ote: The Admission fee is not refundable.		

CAMPION SCHOOL BHOURI (RECOGNIZED BY CBSE BOARD - AFFILIATION NO. 1030719														
ADM DATE	/	/20						SC	HO. NO.					
ADMISSION FORM														
D D NO.					Rec									
NAME														
SURNAME														
STUDENT'S PEN	NO. (Per	manent	Educatio	on No.)										
Father's Name														
Mother's Name														
Account No.														
IFSC CODE														
	BANK NOTE: Parents are hereby warned that the name and date of birth given along with this form will be considered as													
NUIE: Parents									vith this fo d later on.		ll be c	onsio	dered	as
SSSM ID Family ID														
ADHAR NO.														

PART -I

(Fill the form in BLOCK letters using Blue / Black ball pen and

APPLICANT'S DETAIL

 \checkmark where required)

1	NAME (English)	
	(FIRST NAME) (SURNAME)	
	NAME (Hindi)	
2	FATHER'S NAME (English)	
	FATHER'S NAME (Hindi)	
3	MOTHER'S NAME (English)	
	MOTHER'S NAME (Hindi)	
4	GUARDIAN'S NAME (If Any)	
5	DATE OF BIRTH (Figures) D D M M Y E A R AGE	
	DOB (in words)	
6	DATE OF BIRTH (MOTHER) DATE OF BIRTH (FATHER)	
	D D M M Y E A R D D M M Y E A R	
7	GENDER MALE FEMALE 8 CASTE	
9	CATEGORY GN OBC ST SC 10 RELIGION 11 MOTHER TONGUE	
12	CWSN (Child with special need)	
	Type PVI HIS LD MD	
	Low vision Hearing Impairment Locomotion disability Multiple disability	
12	NURSERY EDUCATION (IF ANY)	
13	SCHOOL NAME YEAR RESULT % AGE DIV	٦
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15	PER	MAN	IENT	ADD	RES	S						
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17 PARENTS/GUARDIANS who will visit School/Office

MOB NO

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SN.	NAME		AGE
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2			
	OTHER PHONE NUMBERS	1	
		2	
		3	
Ema	il ID		

P/

18 Siblings (Own Brother/Sister in Campion School Bhouri)

_	
S.N.	Name
1	
2	
3	

14	LOCAL ADDRESS

WARD NO.					WARD NAME												ZONE NO					
PO												DT										
PIN MOB		B NC)																			

								ZONE NO.					
	DT												

ART -II

_	DES	IGN/	N			PLACE						
DT												
	DES	IGN/	N									

DT						

RELATION	CONTACT NO	SIGNATURE

ART-III

Class



UNDERTAKING

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/	/202	
	DATE	

FATHER	MOTHER

PRINCIPAL

ADM DATE	/		/									SCI	HO.	NO.				[I
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SSSM ID									Fa	mily	ID									

PART -I

(Fill the form in BLOCK letters using Blue / Black ball pen and

✓ where required)

APPLICANT'S DETAIL

1	NAI	ME (Engli	sh)																					
				(FIRS	ST NA	AME)						(SURN	IAM	E)										
	NAI	ME (Hind	i)						-	-	-	-		-	-			-						
2	FAT	HER'	S NA	ME (Engl	ish)				-	-	-	-		-				-						
	FAT	HER'	S NA	ME (Hind	li)																			
3	MO	THEF	R'S N	AME	(Eng	glish)				-	-	-	-		-	-			-						
	MO	THEF	R'S N	AME	(Hin	di)	-				-	-	-		-	-									
4	GUA	RDI	AN'S	NAN	1E (If	Any)			-	-	-	-		-	-			-						
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	DOE	3 (in	wor	ds)																					
6	DAT	E OF	BIR	TH (N	ЛОТН	HER)												DA	TE O	F BIF	RTH (FATH	ER)		
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Email ID

18 Siblings (Own Brother/Sister in Campion School Bhouri)

S.N.	Name
1	
2	
3	

				ZONI	E NO.		
DT							

ART -II

_	DES	IGN/		N	PLACE						
DT											
DESIGNATION							PLA	CE			

DT						

RELATION	CONTACT NO	SIGNATURE

PART-III

Class