

Regd. No.-

2149



# Doon Public School

Ramzanpur, Begusarai, Bihar

(ISO 9001: 2015 CERTIFIED)

## REGISTRATION FORM

(Play Group to Std. XI)

Affix child's  
RECENT  
Photograph  
(Two more  
Photographs required  
separately)

Day Boarder  Boarder

(Kindly fill the form in CAPITAL LETTERS)

Name of the student .....

Date of Birth..... Boy  Girl  (Attach copy birth certificate)

Class to which admission is sought.....

Last school attended..... Board ..... Last class passed/studying in class..... Year.....

Father's Name .....

Mother's Name .....

Occupation/Profession .....

(Please be specific)

Permanent address.....

Phone No..... Whats App No..... E-mail Id .....

Category: SC/ST/OBC/General ..... Transport Facility Yes  No

### Declaration by parent/guardian

- I hereby certify that all information given above is correct.

Signature of Parent/Guardian

### FOR OFFICIAL USE ONLY

#### TEST RESULT

Class	English	Hindi	Maths	Sc. & Tech	Soc.Sc

### OPTED SUBJECT COMBINATION FOR STD. XI

P.C.M, PC.B, COMMERCE, HUMANITIES

**EXTRA SUBJECT :- PHYSICAL EDUCATION, COMPUTER SCIENCE**

**- LIST OF SUBJECT FOR HUMANITIES -**

ENGLISH, HINDI, HISTORY, GEOGRAPHY, POLITICAL SCIENCE, SOCIOLOGY, ECONOMICS

### INTERVIEW

Remarks : .....

.....

.....

Selected/Not Selected

Date:.....

Documents submitted: -

1. Two Passport Size Photographs
2. Certificate of Date of Birth
3. Transfer Certificate & Progress Report
4. Documents for Address Proof.
5. Aadhar Card Xerox.

Principal's Signature



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## ADMISSION FORM

Affix Recent  
Joint Photograph  
of  
Father & Mother

Affix child's  
RECENT  
Photograph  
(Two more  
Photographs required  
separately)

NAME OF CHILD .....

NAME OF FATHER .....

NAME OF MOTHER .....

ADDRESS .....

TELEPHONE ..... FAX .....

CELL ..... E-MAIL .....

DATE OF BIRTH (in words) .....

NATIONALITY ..... MOTHER TONGUE ..... RELIGION .....

PRESENT ADDRESS OF FATHER/GUARDIAN .....

TELEPHONE ..... FAX ..... CELL ..... E-MAIL .....

Desiring admission in class ..... Whats App No. ....

School last attended (Transfer Certificate must be attached) .....

T.C. NO. ....

Medium of instruction in the last school .....

Are any of your other children studying/have studied in THE DOON PUBLIC SCHOOL?

If so give name and the class/or year of leaving school .....

I desire my Son/Daughter/Ward to be a Boarder/Day Boarder .....

School Transport (on specific route required or not) .....

List of the visitors and relations authorized to meet the children and take them out on school holidays & outings to be given below:

- a) NAME ..... ADDRESS .....
- b) NAME ..... ADDRESS .....
- c) NAME ..... ADDRESS .....

Name and Addresses of two references

- a) NAME ..... ADDRESS .....
- b) NAME ..... ADDRESS .....

I Mr./Ms ..... Parent of ..... (Name of the child)

Authorize The Doon Public School & its management to arrange for necessary medical test & treatment including emergency surgery anesthesia which may be required by my child by the best professional licensed Medical & Nursing personnel during his/her stay in the school or during any activities in school or excursion.

In case of foreign students the following additional information should be filled up and signed

P.T.O

Passport no. Visa No. ....  
 Name of Mother.....  
 Name of Father .....  
 Nationality of Mother .....  
 Nationality of Father.....  
 Religion of Mother.....  
 Religion of Father.....  
 Occupation of Mother (Detailed) .....  
 Occupation of Father (Detailed) .....  
 Postal Address .....  
 Telephone No. ....  
 Name & Address of the Employer.....  
 Family's gross income (in Rupees) .....  
 Person responsible for payment of fees (Name and Address) .....  
 .....  
 Occupation of Fee Payee (Detailed).....

**LOCAL GUARDIAN**

Name: .....  
 Address: .....  
 Postal Address: .....

**DECLARATION**

I agree to comply with the regulations of the School as described in the Prospectus including those relating to the charging of interest on unpaid bills and the assessment of fees for late notice of a student's withdrawal or for late arrival. I agree to pay amounts due to the school promptly upon presentation of a statement. I also hereby certify that the child's Date of Birth as given herein is correct for which the necessary date of birth certificate/ Transfer Certificate from the last school is attached I am prepared to withdraw my child/ward from the school if requested to do so by the Principal.

Signature of the Guardian

Date

Note: Please fill the above information very carefully because the same will be filled in the form for the Board examination when the child appears. If any mistake is pointed out later it will not be rectified.

**FOR USE BY THE SCHOOL**

Fee Deposited ..... Signature of Accountant .....  
 Date of joining ..... Class to which admitted .....  
 Regd. No ..... Admission No. ....  
 House allotted .....

Signature of Principal

## Undertaking

I.....

Where as my ward..... is taking admission Class.....

I here by indemnify the school against any damage, sickness, accident death caused to my ward during her/his stay in Doon Public School, Begusarai/ school Hostel on account of any miss happening that may be caused inadvertently to my ward.

I will not claim hostel fee paid by me respect of my ward, in the event of withdrawal or (Expulsion/ or Rustication) from the Hostel on disciplinary ground by the school authorities.

This undertaking and indemnity is signed on this ..... day of the Month ..... and Year ..... in the presence of witness named here.

Dated

Sign of Father/Mother

## Certificate from Parent

- (i) My ward ..... is not in possession of any valuables, Jewellery costly watch etc. I also under take that no cash will be given to the ward by me of the local guardian . In case of loss or damage of any of her/his/belonging, I under take that Doon Public School authorities shall not held the responsibilities .
- (ii) Miss/ Master ..... is permitted to participate in co-curricular and other activities like (excursion, computer Music, dance, swimming etc to be decided at discretion of the Principal.
- (iii) I agree to bear additional expenditure which may be debited to her/his individual account.

Date

Signature

Place

Name

Relationship

## Withdrawal Policy

- Admission once granted, fees will not be refunded.
- Before withdrawing it is mandatory to give at least 3 months written notice prior to the end of the academic year i.e. latest by December of Academic Session.
- If the notice period is shorter than 3 months then, six months fee (of the following academic year) shall be charged extra.
- In case of withdrawal anytime after the commencement of the academic year, the fees for the full year shall be charged.
- School Leaving Certificate (Transfer Certificate) will be issued only after clearance of dues and payment of amount(s) in favour of the school.
- Security is refunded according to school rules mentioned in prospectus.

Signature of Parent/Guardian

Date: .....

## Undertaking by student (applicable for class ix and above)

1. I ..... S/o, D/o shri/smt have been admitted to Doon Public School Ramzanpur Begusarai am fully aware of what constitutes ragging.
2. I am fully aware of the panel and administrative action that is liable to be taken against me in case I am found guilty of indulging in or abetting ragging actively or passively or being part of a conspiracy to promote ragging.
3. I here by solemnly over and undertake that
  - (a) I will not indulge in any behavior or act that may be constituted as ragging.
  - (b) I will not participate in or abet or propagate through any act of commission of omission any act that may be constituted as ragging.
4. I hereby affirm that , if found guilty of ragging I am liable for punishment without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
5. Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of year.

Signature of deponent

## Verification

Verified that the content of this undertaking are true to the best of my knowledge and no part of the same is false and nothing has been concealed or misstated therein.

Verified at..... place ..... on this day ..... of month ..... Year.....

Signature of deponent

# HEALTH CERTIFICATE

(Health Certificate should be counter signed by competent Medical Officer)

1. This certificate must be filled up and signed by the parent/guardian before the child is sent to the school. The suppression of important information as to past and present health or as to exposure to infection is liable to be regarded as a breach of contract.

Name..... Admission no. / Regd. No ..... Age.....

2. Has child had chicken pox..... If So, when.....  
Diphtheria ..... If So, when.....  
Rubella (German measles)..... If So, when.....  
Small Pox..... If So, when.....  
Enteric Fever..... If So, when.....  
Rheumatic Fever..... If So, when.....  
Moles..... If So, when.....
3. Has been successfully..... If So, when.....  
(a) Vaccinated for small Pox..... If So, when.....  
(b) Revaccinated for small Pox..... If So, when.....  
(c) Inoculated against typhoid..... If So, when.....  
(d) Hepatitis 'B' Injection..... If So, when.....

Actively immunized against:-

- (a) Diphtheria?..... If So, when.....  
(b) Tetanus..... If So, when.....  
(c) Whooping cough..... If So, when.....  
(d) Any other disease?..... If So, when.....

4. Has he/she :-  
Had fits..... If So, when.....  
Been ruptured?..... If So, when.....  
Had any discharges from the ear..... If So, when.....  
Had in-continnence urine ?..... If So, when.....

5. Has child had any surgical operation?..... If so, give particulars and date.....

6. Has child had any serious illness? If so, give particulars .....

7. Does child suffer from any ailment or constitutional peculiarity affecting the general health. eg.

Night Blindness or Colour Blindness.....

8. Is child in your opinion fit in all respects for ordinary school life?.....

9. Is there any other information that you think the medical Officer should have?.....

10. Does the child wear glasses? (if so, prescription may be attached with the certificate)

.....

Signature in full of parent/guardian

Place:

Date:

**COUNTERSIGNED BY**

Office Seal

Date:

(Registered Medical Officer)