

ARMY PUBLIC SCHOOL MORAR CANTT GWALIOR
APPLICATION FOR ADMISSION

										Adm No											
1. Name of the Student																					
2. Date of Birth						3. Sex			Male			Female									
In Words :																					
4. Mother's Name						:															
5. Father's Name						:															
6. Fathers Occupation				Army		Air Force		Navy		BSF		CRPF		MES		DPCE		Civ		Others	
7. Service Status:		In Service		ESM				Service/ Army No:													
								Rank:													
								Category		Offr		JCO		OR		Civ					
8. Address		Official										Pin Code-									
		Residential										Pin Code-									
		Phone Number																			
9. Father's monthly Income (from all sources)																					
10. Previous School Details		Class Last studied																			
		School in which last studied																			
		Medium of instruction																			
		Was the School recognized or not																			
		Exam body to which the school affiliated																			
11. Result of the last examination.				Pass				Fail				Studying									
12. Attached TC No details				TC Number				Dated													
13. Dues Paid upto																					
14. Class to which the admission is sought																					
15. Mother tongue of the student:																					
16. Whether scheduled Cast or Scheduled Tribe								Caste :				Category (Gen/OBC/SC/ST) :									
17. Has he/she any physical/medical problems Give Particulars Disability / handicap) if any																					
18. Hobbies		Art		Music		Embroidery		Cutting & stitching		Science		Other									

Declaration of the Parents

I hereby declare that the date of birth of my Son/ Daughter and other particulars are correct and that I would not demand any change of them at any subsequent date.

Date :

.....
Signature of Parent

ORDERS OF THE PRINCIPAL

Admit in Class Section

<u>Office Remarks</u>	
Admitted in Class	:
Section allotted	:
Dues Paid Up to	:
Security deposited	:
Dated	:
Sig of Clerk	:

<p>Signature of Principal</p>

ARMY PUBLIC SCHOOL GWALIOR
GENERAL INFORMATION

Name of student

.....

Date of Birth:

Name of Caste

Category

(General/OBC/SC/ST)

Father's Passport
size photograph

Mother's Passport
size photograph

Father's Guardian's Name &

Permanent Address:

Father's Name

Ward No

Mohalla / Colony.....

.....

.....

District.....

State

Phone No. Office:

Mobile:

Total No of family members

No of Child Sibling (Adm No

Are you Domicile of Madhya Pradesh.....

Bank Account No

A/c Holder Name

Name of Bank.....

IFSC Code of Bank.....

Aadhar Card No of Student

Aadhar Card No of Father

Aadhar Card No of Mother

Student's SSSM ID No

Family's SSSM ID NO.....

.....
Signature of parent

ARMY PUBLIC SCHOOL GWALIOR
STUDENT'S HEALTH HISTORY FORM

Name of the Student

Male/Female

Class.....

Date of Birth

Blood Group

Father's Name.....

Mother's Name

Affix recent passport size photograph	
Adm No : _____	

VACCINATIONS

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Months		
	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 age 1 year		
DT – OPA	4½ Year		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Signature of FatherSignature of Mother

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
- Name of Student
- Signature of Father Signature of Mother.....

TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER

Date of physical examination..... Height

Weight..... B.P..... Pulse

Vision LSquint.....

Conjunctiva..... Cornea..... Ear L..... R.....

Clinical Examination	Normal	Recommendation	Clinical Examination	Normal	Recommendation
Head/Neck			Colour		
Abdomen			Teeth Occlusion		
Surgery			Caries		
Serious Illness			Tonsils		
Nails			Lymph Node		
Skin			Muscle, Skeletal System Knee/Flat Feet/Lordosis/ Kyphosis		
Oral Cavity					
Gums					

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 with sealName of the Doctor.....