



## Padmawati Convent School

Kuwarti Bundi-323001

e-mail : pcs.bundi@outlook.com

URL : www.pcsbundi.com

# APPLICATION FORM

Admission Date: \_\_\_\_\_

Admission No: \_\_\_\_\_

Affix Photo  
of Father

Affix Photo  
of Mother

Affix Photo  
of Student

Admission required for class :

**Note: Please use only Capital Letters**

We \_\_\_\_\_ and, \_\_\_\_\_ wish to admit  
our son/daughter/ward whose particulars are given below as a day scholar at Padmawati Convent School.

### A.INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

Gender

☐ Male ☐ Female

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Date of Birth in words

Blood Group

Religion

Caste

Nationality

Aadhar No.

Community

SC/ST ☐

OBC ☐

GEN ☐

OTHERS ☐

Language Known

Mother Tongue

### RESIDENTIAL ADDRESS (Please use only Capital Letters)

Father's Mobile No.:
Email id:

### CORRESPONDENCE ADDRESS

Mother's Mobile No.:
Email id:

Distance from School (in Kms):

Preferred Phone No. for School SMS:

Emergency Contact No. (Res /Mobile)

Name of the Person to be Contacted

Relationship

## B.Family Information

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No.:		

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No.:		

Single Parent: ☐

Tick only if applicable:

Father	Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

Details of Brothers / Sisters of the student:

Name	Age	Name of the Institution	Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Incase of Staff Ward:

Name of the Parent:

### C. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/Marks obtained in final exams

The Previous School Affiliated to: ☐ RBSE ☐ CBSE ☐ ICSE ☐ OTHER

Awards won so far in sports, arts or academics

### D. MEDICAL HISTORY OF THE CHILD

#### Hearing:

Any difficulty observed: ☐ Yes ☐ No

Any Consultation with doctor done: ☐ Yes ☐ No

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

#### Vision:

Any difficulty observed: ☐ Yes ☐ No

Use of Spectacles/Corrective Lenses: ☐ Yes ☐ No

Any medication taken for any medical conditions, such as attention deficit / thyroid (hypo/hyper)/  
any other condition:

Any Medication taken for general well being:

Any Allergy / any medical information that school should be aware of:

## E. ENCLOSURES (All documents are mandatory at the time of admission)

- ☐ Birth Certificate
- ☐ Transfer Certificate - original copy (if applicable)
- ☐ Passport size photos of child (2copies)
- ☐ Passport size photos of parents (2 each)
- ☐ Copy of Aadhar Card of parents & child
- ☐ Copies of progress report cards for the last 3 years
- ☐ Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities
- ☐ The above documents (recently attested photocopies ) must be produced along with the filled application form.
- ☐ Transportation Form (if Required)

Please note: Staple all documents to the top left-hand corner of the application

## F. MISCELLANEOUS

How did you hear about the Padmawati Convent School?

Name of News Paper

Website

Name of the Magazine

Others (Please Specify)

## G. DECLARATION BY PARENTS

I \_\_\_\_\_ Parent / Guardian of \_\_\_\_\_  
do hereby understand and accept the following fully:-

- a) I certify that the above information is correct and affirm that I will abide by the rules and regulations set by the school which is clearly mentioned in the School Prospectus & School Diary.
- b) To abide by the decision taken by the School Authorities against the student for any misbehavior, in subordination, political involvement, unruly behavior towards teachers and other executive staff within school hours or in school premises or when in school uniform.
- c) In case of any accidental or illness, the school Authorities may take the child to the Hospital / Nursing home as per the condition of the child.
- d) I will not hold the school authorities responsible for injuries / death of my ward by events that are accidental in nature.
- e) I will not hold school authorities responsible if ward break bounds and abscond from school and fall into danger as a consequence.
- f) The documents submitted with this form as mentioned in the checklist of my child / ward are authentic originals or true copies of the documents.
- g) I hereby state and declare that should I or my child / ward not fulfill anyone of the above conditions fully or partially or have furnished false documents or incorrect information, then school authorities of Padmawati Convent School have the right to strike off the name of my child / ward from the school rolls and my child / ward will be considered withdrawn from the school by me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

**For Padmawati Convent School Office use only**

Admission Co-ordinator  
Date \_\_\_\_\_

Head of the Institution  
Date \_\_\_\_\_