



# INDUS ACADEMY

A SCHOOL WITH A VISION

Jagiroad, Morigaon, Assam, Pin-782410, Phone-3678-244105

Affiliated to the Central Board of Secondary Education

(CBSE, Affiliation No - 230066)

## ADMISSION FORM FOR PRE-PRIMARY

Caste ✓ [ Tick Mark ]

General ☐

OBC ☐

SC ☐

ST ☐

Others ☐

To,  
The Principal  
Indus Academy  
Jagiroad, Morigaon

Dear Sir,

Please register my child in your school for admission in Nursery class as per particulars given below which I certify are true and correct. If he/she is admitted then I agree to fully abide by the rules and regulations of the school, pay fees in advance and settle accounts promptly.

### STUDENT INFORMATION

STUDENT'S NAME .....

DATE OF BIRTH DD   MM   YYYY

PLACE OF BIRTH .....

GENDER :- BOY ☐ GIRL ☐ [ Only child of Parents Yes ☐ / No ☐ ] [Tick Mark]

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

RECENT  
PASSPORT  
PHOTOGRAPH

### NAME OF SIBLINGS PRESENTLY ENROLLED IN INDUS ACADEMY

Name ..... Roll No. ....

Class ..... Male ☐ Female ☐

Name ..... Roll No. ....

Class ..... Male ☐ Female ☐

### RESIDENTIAL ADDRESS

Pin Code :-

Contact :-

Phone :-

### Education Qualification

(Tick highest qualification only)

(A) Father

(B) Mother

Post Graduation OR Professional	Graduation OR Equivalent	Sr. Secondary School Exami- nation 10+2 OR Equivalent	Secondary School Examination 10th OR Equivalent	Under Metric
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PARENTS INFORMATION**

Father's Name

Occupation

Designation

Organisation Name

Organisation Add

RECENT  
PASSPORT  
PHOTOGRAPH

Mother's Name

Occupation

Designation

Organisation Name

Organisation Add

RECENT  
PASSPORT  
PHOTOGRAPH**LOCAL GARDIAN/EMERGENCY DETAILS**

(Note : It is recommended by the school that all students have a local guardian.)

NAME OF THE GUARDIAN .....

SPOUSE NAME .....

RELATIONSHIP TO THE STUDENT .....

HOME ADDRESS .....

PHONE NO .....MOBILE PHONE NO .....

OCCUPATION .....

OFFICE ADDRESS .....

PHONE NO : .....(O).....(R).....

GUARDIAN'S SIGNATURE .....

(In acceptance of responsibility of the student)

(Note : The Management reserves the right to add, delete or change any or all conditions/informations mentioned in the Prospectus without notice.)

Signature of the Parent.....Place.....

Name of the Parent .....Date .....

**Remarks of the Principal**

Date.....

Signature

**For office use only**

Name of the Student :.....  
Class to which admission is sought :.....  
Academic session :.....  
To be filled by the office Registration No. Indus Academy :.....  
Date of Application :.....  
Date of Admission :.....  
Admission No. :.....

**Important Instructions :**

1. Please fill this form in capital letters only.
2. This application is invalid without the Parent's/Guardian's Signature.
3. Admission Fees neither transferable nor refundable.
4. Date of the Birth and spelling of the pupil's name should be according to the last school records.
5. Please attach extra sheets for any additional information you wish to provide

**Please ensure that the following documents, required to complete the admission process are submitted.**

1. One photostat and attested copy of birth certificate issued by the Municipal or Govt. Authorities. No affidavits are acceptable.
2. 3 Passport size photographs of the students.
3. 2 Passport size photographs of the parents
4. 2 Passport size photographs of the guardian.
5. Medical History Form duly filed.
6. Completed application form.

Date.....

Signature of the Office Assistant



### **UNDERTAKING BY THE PARENTS/GUARDIANS**

*(To be signed and returned with the application form by parents)*

***I understand that my son/daughter is granted admission to Indus Academy on the following terms and conditions :***

1. That I will deposit the term fees in full within the stipulated time. If the school fee are not paid by me within due dates, a penalty of Rs. 5/- per day will be levied if I do not pay school fee and penalty due within 30 days, I may be withdraw my ward (s). After 30 days, the name of the student will be struck of from the register and I have to pay for re admission.
2. That no food parcel will be sent to the student. (during birth day)
3. That the student may be removed from the school for
  - a) non payment of school dues
  - b) consistent unsatisfactory progress
  - c) conduct harmful to other students
  - d) immorality
  - e) stealing or extortion of money/items from other students
  - f) breaking bounds
  - g) damaging school property
4. That the school does not hold any responsibility in cases of sickness or accidents. This applies also to all accidents, which may be occur in the science laboratories, in the field educational tours or on journey to and from the school.
5. That leave within school hours will not be granted on the pretext of illness of relatives, including the parents, except under very special circumstances.
6. That promotion to next class is not automatic. It will be granted at the end of the Annual Examination only i accordance with the school promotion policy which may vary from time to time.
7. That the school will do its best to provide normal medical aid, but the school will not be held responsible for any accident or mishap beyond control.
8. That no valuable like gold chains, rings, personal stereo system, camera etc. are to be given to the students. The school does not take the responsibility for the loss such valueables.
9. That I have no objection if admission fees / Tuition Fees / Bus Fair time to time is reviewed.
10. The transfer certificate is issued only after the dues have been paid in full.

Date .....

Signature of Parent/guardian

Name :

Address :

**MEDICAL FORM**

*(Please note that this certificate must be signed by a qualified Medical Practitioner/Physician. Please use the reverse side for supplementary information, if necessary.)*

Name of the Student.....Class.....

Address of parents/guardians.....Ph. No.....

Name, address & Tel. of nearest relative or friend.....

**INFECTIOUS DISEASES**

*(Please underline the disease (s) your child has already had)*

Measles-German Measles-Scarlet Fever-Chicken pox-Mumps-Whooping cough-epidemic Viral Hepatitis-Malaria-Typhoid fever-Poliomyelitis-tetanus-Diphtheria-Meningitis-Endocarditis-Mononucleosis (Glandular fever)- Toxoplasmosis, etc.

**OTHER ILLNESS (please underline)**

Respiratory	Frequent tonsillitis-Otitis (Ear infection)
Digestive	Gastric-Digestive-Intestinal complaints
Heart & Circulation	Heart murmurs (congenital or acquired) - Peripheral Circulatory troubles (Chilblain or others)
Blood	Blood group.....
Nervous	Epilepsy-Tetanus-disorders of Character
Joints & Bones	Rheumatic illness-Trauma requiring special attention
Endocrine	Diabetes-Thyroid and Parathyroid problems
Skin (Epiderm)	Eczema-Urticaria-Odours-Chemical Products-Plants Dust-Hair-Feathers or
Other	
Urinary	Kidney trouble-bladder : cystitis-enuresis

(Concerns mostly girls) Eg. Incapacitating periods or Other troubles

Date of the most recent illness.....

Particular Wishes of the Parents .....

Please state that whether the child is fit and to participate in sports and expeditions. If not please give.

1. Medical Certificate

2. Concise Physical Report

Clinical Evaluation-Health Certificate

Signature of Medical Practitioner/Physician  
with Seal & Regn. No.

Supplementary information.....