

# SHREE PADMAPRAVA DIGAMBER JAIN VIDYALAYA

(Co-educational English Medium)

(Run by Shree Padmaprava Digamber Jain Vidyalaya Trust)

(Trust Deed Registration No. I/1391 Dt. 25-02-2000)

Marwari Patty, P.O.: Lalgola-742 148

Murshidabad (West Bengal)

Phone : 03483-274036

E-mail : spdjvidyalaya@yahoo.com



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passport size  
photo of the  
Ward.

## ADMISSION FORM

FORM No. \_\_\_\_\_ SESSION : 20..... - 20.....

1. Name of the Student (In Block letter) : \_\_\_\_\_

2. Date of Birth :  Day  Month  Year

3. Sex :

4. Parent's / Guardian's full Name (In Block letters) : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No/Mobile No. (Residence) \_\_\_\_\_ (Office) \_\_\_\_\_

Occupation : \_\_\_\_\_

5. School last attended to (if any) : \_\_\_\_\_

Medium of instruction : \_\_\_\_\_

6. Class in which admission is sought : \_\_\_\_\_

I Certify that the information given above is true and correct.

I hereby request the Principal to register the name of my child for the seat in the institution without any assurance whatsoever. The decision of the Vidyalaya authority being final and binding.

I confirm that I have read and understood all the terms and conditions and I bind myself to abide by it. I further confirm to obey and abide by any additions and amendments made from time to

Date :

Place :

Signature of Parent/Guardian

N.B. :- Admission after the interview

DATE OF SUBMISSION WITHIN 28TH FEBRUARY, 2012

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BABUNA



# SHREE PADMAPRAVA DIGAMBER JAIN VIDYALAYA

[Regd. No. S/1L/67785 under the West Bengal Societies Registration Act, XXVI of 1961]

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## MEDICAL CERTIFICATE

### APPENDIX "A"

#### MEDICAL DETAILS OF THE CHILD.

1. Give brief history of the disease the child had suffered or has been suffering. Give details of the medical given

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2. Whether the child has been immunized from/for

- a. Tripal antizen       b. Polio       c. B.C.G.       d. Tetanus
- e. Measles       f. Hepatitis-B

3. Blood Group       Height       Weight

4. Any special habit you like to tell us about your child

5. I hereby declare that Mr./Miss.....  
is not suffering from any illness and has not been contact with any infectious diseases during the last six months. He/She is fit to attend the classes.

Signature of Parent/Guardian

Signature of the Doctor

Regd. No.