

# TMAE'S DAV PUBLIC SCHOOL, HOSAPETE



(CBSE Affiliation No: 830283)

*This set of forms is an effort to make the process of your application  
simpler and more convenient*

For Assistance Contact:  
Principal  
**TMAES DAV PUBLIC SCHOOL**  
Kariganur (Post), Sanklapur  
Bellary Road, Hosapete – 583201  
Ph: 08394 – 204126  
Email: [davtm9@rediffmail.com](mailto:davtm9@rediffmail.com)

**Note: Please read all the instruction carefully before filling up the form.  
Please write in capital letters only.  
Please do not detach any sheet / any part of the pages of this set.**

## PROCEDURES, TERMS AND CONDITIONS

### 1. Admission Procedure

#### 1.1. Entrance Tests / Interaction:

- A) There will be a test for students seeking admission **for the first time to this school**. Only those candidates who clear the test will be called for an interaction.
- B) Results will be displayed on the notice board on the dates specified at the time of interaction / phone calls will also be made to the selected candidates within a week.

#### 1.2. Admission Formalities:

- A) Candidates whose names are displayed in the list must pay the fee by the dates indicated on the list, otherwise admission will automatically stand cancelled.
- B) The date of birth of the child is required to be supported by the Birth Certificate in original, issued by the Municipal Corporation / Local Body as applicable, along with a certified Photostat copy thereof. An affidavit or any other evidence is not acceptable in place of Birth Certificate. Transfer Certificate is to be attached for Class 1 and above. Transfer Certificate must be counter – signed by the concerned State Education Authority.

### 2. Refund of Fee

- 2.1. Fee once paid is NOT refundable for any reason whatsoever.
- 2.2. Any candidate who leaves the school in the middle shall pay the tuition fee till the end of the academic session

#### Fee payment:

Quarterly fee is due for payment on 1<sup>st</sup> April, 1<sup>st</sup> July, 1<sup>st</sup> October and 1<sup>st</sup> January of every year. Last date of payment is 10<sup>th</sup> of the first month of every quarter. A fine of Rs.10/- per day shall be levied from the 11<sup>th</sup> of the month in which school dues are to be paid till the end of first month of that quarter.

Annual charges for the academic year shall be paid along with the first quarter fee itself.

### 3. Withdrawal Rules

- 3.1. Application for withdrawal is to be made on a prescribed Proforma available in the School office. No child can be withdrawn till a written request from parents is put up. One month notice period or one month notice fee is required for withdrawal.
- 3.2. No dues Certificate is to be obtained from the school authorities.
- 3.3. Transfer Certificate will be issued after written application is forward and clearance of all dues and subject to the counter signature from Regional Officer – CBSE, Chennai.

### 4. Right of Alteration / Modification

- 4.1 Management reserves the right to modify, alter and / or include any other terms and conditions that may be deemed fit in the interest of the institution.

### Disclaimer;

*All the above terms and conditions are subject to amendment from time to time as per the decision of the Management. The decision of the Management shall be final in all matters pertaining to the admission proceedings and policy matters of the school.*

*We have gone through the above procedures along with terms and conditions and we shall abide by the same*

Signature of the Parents.



**TMAES DAV PUBLIC SCHOOL  
HOSAPETE**

**ADMISSION FORM**

(Use Capital Letters Only)

Form No: \_\_\_\_\_

Admission No: \_\_\_\_\_ (To be filled in by the office)

Passport size recent  
colour photograph of  
the Father

Passport size recent  
colour photograph  
of the Mother

Passport size recent  
colour photograph  
of the Student

**INFORMATION OF THE CHILD**

First Name  Last Name

Gender: Male  Female

Date of Birth : D  M  YYYY

Date of Birth (in words)

Class for which admission is sought

Religion  Nationality  Caste

SC/ST : YES  NO  Category

(Attach a copy of latest caste certificate, if applicable)

**RESIDENCE ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

**CORRESPONDENCE ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

**FAMILY INFORMATION**

**Father**

Name \_\_\_\_\_ Age: \_\_\_\_\_ Nationality \_\_\_\_\_

Educational Qualifications \_\_\_\_\_

Profession \_\_\_\_\_ Designation & name of the organization \_\_\_\_\_

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

Annual Income : \_\_\_\_\_ Tel / Cell Number : \_\_\_\_\_

\*

**Mother**

Name \_\_\_\_\_ Age: \_\_\_\_\_ Nationality \_\_\_\_\_

Educational Qualifications \_\_\_\_\_

Profession \_\_\_\_\_ Designation & name of the organization \_\_\_\_\_

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

Annual Income : \_\_\_\_\_ Tel / Cell Number : \_\_\_\_\_

\*

**Guardian**

Name \_\_\_\_\_ Age: \_\_\_\_\_ Nationality \_\_\_\_\_

Educational Qualifications \_\_\_\_\_

Profession \_\_\_\_\_ Designation & name of the organization \_\_\_\_\_

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

Annual Income : \_\_\_\_\_ Tel / Cell Number : \_\_\_\_\_

*Kindly find enclosed*

- 1. Transfer Certificate*
- 2. Birth Certificate*
- 3. Two Passport size photographs*
- 4. Caste Certificate ( if applicable)*

**DECLARATION**

We hereby certify that the information given in the Admission Form are complete and accurate. We also understand that no corrections in any of the above particulars shall be entertained on a later stage. We understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion. We have read and do hereby consent to the terms and conditions enclosed.

Signature of Mother

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

Signature of Father

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

Signature of Guardian

Relation: \_\_\_\_\_

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

**MEDICAL FORM**

(Use Capital Letters Only)

Admission No: \_\_\_\_\_ (To be filled in by office)

*Note: Please keep us informed about the health of your child relevant to his / her care during school hours)*

Passport size recent colour photograph of the Student

**INFORMATION OF THE CHILD**

First Name  Last Name

Gender: Male  Female  Date of Birth : D  M  YYYY

Age  Class  Section

Father's Last Name  First Name

Mother's Last Name  First Name

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

Emergency Contact No. / Mobile No: \_\_\_\_\_

**MEDICAL INFORMATION**

Blood Group: \_\_\_\_\_ Rh factor \_\_\_\_\_

Immunization Status (Attach Photocopy of Immunization Card)

BCG \_\_\_\_\_ OPV \_\_\_\_\_ Booster for OPV \_\_\_\_\_ Booster for DPT \_\_\_\_\_

Measles \_\_\_\_\_ MMR \_\_\_\_\_ Typhoid \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Any other \_\_\_\_\_

Allergies if any, to medicines / food or any other \_\_\_\_\_

History of major illness or disorder, if any \_\_\_\_\_

Signature of Father \_\_\_\_\_

Signature of Mother \_\_\_\_\_

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

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

Signature of Guardian \_\_\_\_\_

Relation \_\_\_\_\_

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



# TMAE'S DAV PUBLIC SCHOOL, HOSAPETE

## TRANSPORT FORM

**Note: Fill this applications form only if you wish to avail transport facility for your child or else LEAVE IT BLANK**

(Use Capital Letters only)

Admission No: \_\_\_\_\_ (To be filled in by office)

We request that our son / daughter whose particulars are given below

may be permitted to use the school bus for his/ her journey between

\_\_\_\_\_ and \_\_\_\_\_ w.e.f \_\_\_\_\_

Passport size recent  
colour photograph  
of the Student

### INFORMATION OF THE CHILD

First Name

Last Name

Gender: Male

Female

Date of Birth : D

M

YYYY

Age

Class

Section

Home Address \_\_\_\_\_

Emergency Contact No / Mobile No: \_\_\_\_\_

### DECLARATION

1. We undertake to pay the bus fees according to the rules in force from time to time
2. We understand that it would be our responsibility to drop and pick our child up at / from the specified stop .
3. We accept that the bus facility is extended to our ward at our own risk and responsibility.
4. We understand that the designated stop will be specified by the school authorities only, the designed stop selected shall remain in force till the end of the academic year.
5. We understand that once the term fee is paid it shall not be refunded or adjusted to any other fees if you wish to discontinue the service in between.
6. We understand that the bus fee will be charged from April to March
7. We have read and do hereby agree to the terms and conditions mentioned above,.
8. We understand that at time when there is a breakdown of the vehicle alternate arrangements will be made for which we have our consent and full cooperation for the same.

Signature of Father \_\_\_\_\_

Signature of Mother \_\_\_\_\_

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

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

Signature of Guardian \_\_\_\_\_

Relation \_\_\_\_\_

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

