

ARMY PUBLIC SCHOOL MORAR CANTT GWALIOR
APPLICATION FOR ADMISSION

Adm No									
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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							
Service Status:	In Service	ESM			Service No:										
					Rank:										
			Category	Offrs	JCO	OR	Civ								
6. Address	Official														
	Residential														
	Phone Number														
7. Father's monthly Income (from all sources)															
8. Previous School Details	Class Last studied														
	School in which last studied														
	Medium of instruction														
	Was the School recognized or not														
	Examination body to which the school affiliated														
9. Result of the last examination.			Pass			Fail			Studying						
10. Attached TC No details			TC Number			Dated									
11. Dues Paid upto															
12. Class to which the admission is sought															
13. Mother tongue of the student:															
14. Whether scheduled Cast or Scheduled Tribe					Caste :			Category (Gen/OBC/SC/ST) :							
15. Has he/she any physical/medical problems / Give Particulars.															

SUBJECT STREAM FOR XI & XII STUDENTS

<u>Subject Combination</u>			
<u>SCIENCE STREAM</u>		<u>COMMERCE STREAM</u>	
<ul style="list-style-type: none"> • English Core (Compulsory) • Physics (Compulsory) • Chemistry (Compulsory) • Maths/Biology (Compulsory) • Physical Education / Fine Arts (Compulsory with option). 		<ul style="list-style-type: none"> • English Core (Compulsory) • Economics (Compulsory) • Accounts (Compulsory) • Business Studies (Compulsory) • Physical Education / Fine Arts (Compulsory with option) 	
Stream	Science	Commerce / Humanities	<u>HUMANITIES STREAM</u>
			<ul style="list-style-type: none"> • English Core (Compulsory) • History (Compulsory) • Hindi (Compulsory) • Political Science (Compulsory) • Physical Edn / Fine Arts (Compulsory with option)
<u>Subjects</u>			
1.....		2.....	
3.....		4.....	
5.....			

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 Supdt :

Signature of Principal

Signature of Class Teacher

ARMY PUBLIC SCHOOL GWALIOR
STUDENT'S HEALTH HISTORY FORM

GENERAL INFORMATION

Name of student

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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

Are you Domicile of Madhya Pradesh.....

Bank Account No

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

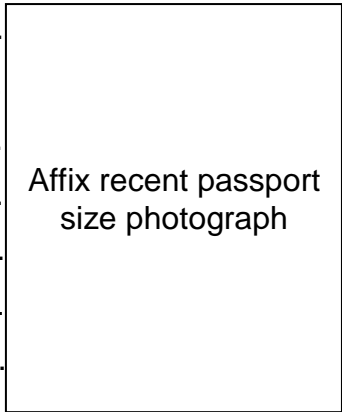
Class.....

Date of Birth

Blood Group

Father's Name.....

Mother's Name



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.....