

The Transfer Certificate from the Last School attended must be submitted before admission or the following Certificate must be furnished.

I affirm that the Scholar

(Name) did not attend any School before the date

Address

Date

Signature of Applicant and relationship with Scholar

.....

Parent / Guardian's Undertaking

I / We affirm that the particulars given above are correct. I / We have ascertained the scale of Fees Payable and the terms and conditions of payment. I / We accept them as binding on me / us and I / We agree to pay the Fees regularly according to the terms. I / We also agree to abide by all the rules at present in force or that may be introduced subsequently. I / We agree to give in writing one month's notice of Withdrawals to take effect from the last of a month or to pay one month's Fees in lieu thereof

Signature of

Date

Parent.....

Guardians.....

Admission Charges are Non-Refundable

Little Star High School,

Bally, Howrah

MEDICAL CERTIFICATE

(TO BE FILLED BY A QUALIFIED MEDICAL PRACTITIONER)

1. Name _____

2. Class _____ 3. Date of Birth _____

4. Weight _____ 5. Height _____

6. When was last VACCINATED? _____

7. Is free from infectious diseases (if yes, pls mention)? _____

8. What is the general condition of health? _____

9. Has the child any major illness e.g. epilepsy? _____

10. Has any physical deformity (if yes, pls give details)? _____

11. Is the child under treatment for asthma or respiration disorders (if yes, pls give details)?

12. Is the child under any medication for heart condition / epilepsy / asthma (if yes, pls give details)?

13. Any other remarks _____

14. Blood Group _____

Signature of Parent / Guardian

Signature of Medical Practitioner
with Registration No.

Name of Medical Practitioner

ANNEXURE

Father's Details:

Name: _____

Qualification: _____ Name of the Institute: _____

Professional Qualification (if any): _____

Residential Address (if different from candidate): _____

Work Details (Please put a tick):

Service Govt. Pvt. Business Professional

Others (Pls Specify) _____

Organisation Name: _____

Designation: _____ Annual Income: _____

Office Address: _____

Office Contact No. _____

Mother's Details:

Name: _____

Qualification: _____ Name of the Institute: _____

Professional Qualification (if any): _____

Residential Address (if different from candidate): _____

Work Details (Please put a tick):

Service Govt. Pvt. Business Professional

Others (Pls Specify) _____

Organisation Name: _____

Designation: _____ Annual Income: _____

Office Address: _____

Office Contact No. _____

Associated with (Put tick) the areas where parents (both father & mother) can contribute to school)

Music Academic Sports Community Programs Social Skills

Medical Painting Soft Skill Public Speaking IT
Training

Details of siblings:

Sl. No.	Name	Class	Attending School (if school going)
1.			
2.			

Father's Signature

Mother's Signature

CHECKLIST

1. Self-Attested photocopy of Birth Certificate.
2. Self-Attested photocopy of Candidate's Aadhar Card.
3. Medical Certificate duly signed by Medical Practitioner.
4. Proof of blood group.
5. Passport sized photograph of the candidate.
6. Passport sized family photograph.
7. **ECS mandate form duly filled and signed.**
8. **Cancelled cheque for ECS.**

