S No: _____ 1

AIR FORCE SCHOOL HAKIMPET
(APPLICATION FORM)

Photo

Admission No. _____(to be filled by office)

Class in which admission is sought. _____Academic Session_____

PERSONAL DETAILS:-

1. Name (As per Birth Cert. only)_____
2. Date of Birth (in figures):- __/__/____(in words)_____
3. Gender:- Male ☐ Female ☐
4. Age of child as on 31 Mar in the year which admission is sought: __yrs ____months ___days (Yr: ____)

Details of Parents:-

Details	Mother	Father/Guardian
Name (as per child's DOB)		
Educational Qualification		
Residential Address		
Permanent Address		
E-mail ID		
Occupation		
Office Address		
Annual Income		
Contact No		
Religion		
Mother Tongue		

5. **Whether the candidate is:-**
   (i) Single Girl Child: Yes ☐ No ☐
   (ii) Specially abled (Divyangjan): Yes ☐ No ☐
6. Category: General ☐ SC ☐ ST ☐ OBC ☐ EWS ☐
7. Name & Address of the last attended school: _____
   _____Class last attended_____
8. Details of Siblings (if any)

Name	Brother/Sister	Age	School Studying in

9. Category of the Parent: (tick the column parent belong to as per Annx 'A' at Pg-4)

S No	Priority No	Category	Tick the Applicable Category
(a)	1	1A/1B/1C	
(b)	2	2A/2B	
(c)	3	3A/3B/3C	
(d)	4	4A/4B	

10. **Documents to be submitted:**

(i) Copy of Birth certificate issued by Military/Civil Hospitals as well as by Municipalities/ Village Panchayats.

(ii) In case of Defence personnel, POR extract duly signed by Unit Adjutant is also required.

(iii) Copy of Aadhaar Card and Residential Address proof. (of parent & child)

(iv) Original Transfer Certificate/Record Sheet and a photo copy of Report card of previous school is mandatory if seat is allotted after due process.

Note: Registration for admission does not guarantee admission in Air Force School Hakimpet. Admission is subject to availability of vacancies

DECLARATION BY PARENTS

I hereby declare that the above information including Name of the candidate/Father's/Mother's/Guardian's name and Date of Birth furnished by me is correct to the best of my knowledge. I shall abide by the rules and regulations laid down by the school.

Date:_____ Signature of the Parent(s)/Guardian

FOR SCHOOL OFFICE USE ONLY

Correct entries from the Admission forms to Admission and Withdrawal Register have been made on page No_____dated _____. Fee paid on_____.

Signature of Clerk

Signature of the Principal

Signature of Executive Director

INSTRUCTIONS:

1. The date of birth particulars should be supported by birth certificate issued from Military/civil hospitals as well as by Municipalities/ Villages Panchayat. Birth Certificate should be in English or Hindi Only.
2. The minimum/maximum age limit of the child as on 01 Apr of the academic year in which admission is sought is as mentioned below:

(a)	Nursery	-	03/04 years	(c)	UKG	-	05/07 years
(b)	LKG	-	04/06 years	(d)	Class I	-	06/08 years

3. Minimum/maximum age at the time of admission to other classes will accordingly be calculated as per the above stipulation. Child born on 01 April would be deemed as having attained the requisite age. No age waiver will be granted. The maximum age limit can be relaxed by two years in case of differently abled children.
4. Incomplete application forms will be rejected.
5. Admission secured on submission of wrong certificate or any other wrong information shall be cancelled forthwith by the school Administration with no appeal against such cancellation.

ADMISSION GUIDELINES

1. Admission form is to be filled in block letters.
2. Submit two photographs along with completely filled application.
3. Parents are required to submit duly filled application form within 03 days from the date of issue of application.
4. Issue of admission form should not be deemed as final admission for the child.
5. The school visiting hours for the parents are from 1300 hrs to 1400 hrs strictly. Parents who wish to meet the teacher should do so, during the mentioned time only.
6. Following points is requested. For the security and safety of children of AF School, co-operation of the parents on the

(a) Parents/Guardians have to pick up their children from the gate only. In case the parent fails to pick up the child on any day, a written consent by the parent has to be sent along with the person asked to pick up the child from the school.

(b) Parents to inform the authorities at the school regarding changes in the following:
i) Address ii) Contact no iii) Means of transport iv) Any other important information

(c) Two passport size photographs of Parent / Guardian have to be sent to the school stapled in the school diary.

(d) Parents to sign the following undertaking and return to the school.

Signature of the parent(s)/Guardian

ACKNOWLEDGEMNENT

S No:_____

Details to be filled by parent:

Name : _____

Name of the Father_____

Class: _____ Date of Submission _____

_____
Signature of School Staff

P.T.O

COMMON PRIORITIES FOR ADMISSION IN ARMED FORCES SCHOOLS

1. Priority 1. Personnel of Service running school:-

(a) Serving personnel (Incl DSC) posted in station/ city.

(b) Family staying in Separated family/ Selected Place of Residence (SPR) accommodation in station/ city, serving personnel on deputation with other organisations (eg NSG, DRDO etc) posted in station/ city, superannuated service personnel who exercised choice of home station in last one year of service.

(c) Widows

2. Priority 1A. Personnel from other Services:-

(a) Serving personnel on deputation with service running the school and posted in station/ city.

(b) Personnel serving in Tri-Services organisation in station/ city.

(c) Widows

3. Priority 1B. Personnel from other Services:-

(a) Serving personnel not on deputation with service running the school or posted in Tri-Services organisation but posted in station/ city.

(b) Serving personnel of Indian Coast Guard (ICG).

4.Priority 1C.

ESM of Service running school residing in the city/ station:-(a)

(i) Who retired with pension.

(ii) Who invalidated out on medical grounds with pension.

(b) Serving personnel from other Services who have chosen the city/ station as SPR.

(c) Wards of School staff, running the school.

5. Priority 2. ESM of Service running school not residing in the city/ station:-

(a) Who retired with pension.

(b) Who invalidated out on medical grounds with pension.

6. Priority 2A. ESM of other Services:-

(a) Who retired with pension.

(b) Who invalidated out on medical grounds with pension.

7. Priority 2B. Defence civilians working with Service running the school in the same station/ city.

8. Priority 3. ESM of Service running school:-

(a) Who retired without pension.

(b) Who invalidated out on medical grounds without pension.

9. Priority 3A. ESM of other Services:-

(a) Who retired without pension.

(b) Who invalidated out on medical grounds without pension.

10. Priority 3B. Personnel of all three Services who are not cat as ESM.

11. Priority 3C. Defence civilians working with other services, posted in same station/city.

12. Priority 4A. Grand Children of Service Personnel.

13. Priority 4B. All others

STUDENT'S HEALTH RECORD

School Health Record

General Information

Name:	Admission No: .....
Date of Birth:	Father's Guardian's Name & Address:.....
	Phone No. Office: .....
	Residence : ..... Mobile: .....

Note: The schools before implementing the Health Cards may consult a local Registered Medical Practitioner.

BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION

Name of the Student _____ M/F _____ 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		
HIB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Birth		
	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		
Chickens Pox	After age 1 year		
DT + OPA	4½ Year		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Signature of Father _____ Signature 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 .....

Signature of Father ..... Signature of Mother.....

To be certified by a Registered Medical Practitioner

Date of physical examination..... Height ..... Weight.....

B.P..... Pulse ..... Vision L ..... R.....

Squint..... Conjunctiva..... Cornea..... Ear L..... R.....

Clinical Examination	Normal	Recommendation	
Head/Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

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 .....

Name of the Doctor.....

.....												
General Appearance												
Weight Kg. Actual Percentile												
Height Cms Actual Percentile												
Eye Vision R. E.												
L. E.												
Squint Conjunctiva Cornea												
Rt. Lt. Ears : External Ear Middle Ear												
ORAL CAVITY GUMS Colour Teeth Occlusion Caries TONSILS Lymph Nodes												
Pulse												
B.P.												
Nails												
Skin												
Muscle, Skeletal System Knee/Flat Feet/Lordosis/Kyphosis												
Systemic Examination												