



Purity of Education is the Power

# Global Indus Valley School

Managed by : Global Dehat Vikash Shiksha Samiti

Affiliated to C.B.S.E, N.Delhi, Aff. No. 1730641, School Code-16494

Kotkasim, Near Dharamkanta, Distt. Alwar -301702 (Raj.)

Tel: +91-9610405999, +91-8440909050

Website : [www.globalindusvalleyschool.com](http://www.globalindusvalleyschool.com)

E-mail : [mksgivs2015@gmail.com](mailto:mksgivs2015@gmail.com), [givskotkasim@gmail.com](mailto:givskotkasim@gmail.com)

## HOSTEL ADMISSION FORM

(TO BE FILLED IN BY PARENT/LEGAL GUARDIAN)

### GENERAL INFORMATION

Admission No.  Standard  Academic Session

Student's Name

Date of Birth  Age as on 1st April

Photographs & Signature who will meet with the student as per hostel rules.

Please affix latest  
Passport size  
photograph in colour

**1st Person**

Please affix latest  
Passport size  
photograph in colour

**2nd Person**

#### 1st Person

Name  Relation with child

Address  Contact No.

Signature & Date

#### 2nd Person

Name  Relation with child

Address  Contact No.

Signature & Date

### HEALTH DECLARATION (please write Yes or No):

- Do you have any physical deformity/ handicap/ congenital defect/ abnormality?
- Have you ever consulted any doctor or are you currently undergoing any tests, investigations, awaiting results of any tests or investigations or have you ever been advised to undergo any tests, investigations or surgery or been hospitalized for general check up, Observation, Treatment or Surgery?
- Are you aware of or have you ever been treated or hospitalized for Cancer, Tumour, Cyst or any other growth or referred to an Oncologist or Cancer hospital for any investigation or treatment?
- Did you have any Ailment/ Injury/ Accident requiring Treatment/ Medication for more than a week?
- Disorders of Eye, Ear, Nose, Throat including defective sight or speech or hearing and discharge from ears
- Symptoms/ ailments relating to Brain, Mental / Psychiatric ailment, Parkinsonism, Multiple Sclerosis, Nervous system, Stroke, Paralysis or Epilepsy

- (vi) Asthma, Bronchitis, Blood Spitting, Tuberculosis or other Respiratory disorders
- (vii) Anemia, Blood or Blood related disorders, musculoskeletal disorders such as Arthritis, recurrent back pain, slipped disc or any other disorder of Spine, Joints or Limbs or Leprosy
- g) Any other illness or impairment not mentioned above(if yes, please mention here).

**DECLARATION BY THE PARENT & STUDENT**

We agree to pay the hostel fee including mess advance charges which are to be adjusted for future hostel fee & mess bills on receipt from the school office at the time of admission to the hostel.

We have gone through all the provisions contained in the rules and regulations thoroughly and will abide these rules and regulations.

We certify that the information given above are true and correct.

If my conduct, during my stay is found unsatisfactory, due to my negligence, misbehaviour & indiscipline, I agree that I will abide by your decision, I will immediately vacate the hostel if ordered to do so.

Date: \_\_\_\_\_ (SIGNATURE OF THE STUDENT)

Place: \_\_\_\_\_ (SIGNATURE OF THE PARENT)

**FOR OFFICE USE ONLY**

The aforesaid student has been granted his admission in the school hostel w.e.f.....

The first installment Rs.....has been paid against his admission in the school hostel vide receipt no.....dated.....

Hostel Warden

Accountant

Principal

