

12. Whether the child is suffering from any Chronic/ serious disease. (Yes/No)
If yes, state the nature of disease.
13. Name of the previous School where the child was/is reading: _____
14. Whether the school is a Govt./Aided . (Yes/No).
(Please add a certificate from the DEO and clearly mention the category of the School)
Whether recognized school and has got CoR from the Govt. of Odisha.(Yes/No).
If yes annex a photocopy of CoR duly attested by the Principal/ Headmaster.

**Signature of the
Principal/Headmaster
Office Seal**

15. Contact No. of Parent (s) : _____ / Email Id. _____

16. (a) Present address with Pin Code :

(b) Permanent address with Pin Code :

17. Account Details:-

- i. Name of the Bank:
- ii. Account No. :
- iii. IFSC Code :

Signature/T.I. of the Parents/guardian

18. Study Certificate from the Head of the Institution :

Certified that Shri/Kum. _____
S/D of _____ is a bonafied student
of Class-5th / 6th/ 7th / 8th of this institution. His/ Her date of Birth is
_____ and Admission No. _____
Date. _____ as per Admission Register. The data
furnished are correct to the best of my knowledge.

Seal and Signature of Head of Institution

DECLARATION OF THE PARENT

1. We do hereby certify that the above information is correct to the best of our knowledge and belief. If any information is found fake/forged, the admission of our child may stand cancelled.
2. We do undertake that, our child and we shall abide by the rules and regulations laid down by Odisha Adarsha Vidyalaya Sangathan (OAVS), Bhubaneswar from time to time.
3. We do understand that, the decision of the empowered committee of OAVS is final and binding on us regarding admission.
4. We certify that, we are the bonafide Parent / Guardian of the Child.

Signature of the Mother

Date. _____

Signature of the Father

Date. _____

**Name & Signature of the Legal Guardian with date (if parent(s)
not alive)**