



Vimal Education Society's

# AIS KIDS

58/1, Behind Indira College, Near Ganga Cypress,  
Tathawade, Pune 411033. Tel. : +91 7276023177 / 7276024177  
Email: aiskids@ashwiniinternationalschool.com

Candidate's  
Passport Size  
Photo

## ADMISSION FORM 20 -20

(To be filled in BLOCK LETTERS)

GR No: \_\_\_\_\_

ID No: \_\_\_\_\_

### CANDIDATE'S PERSONAL INFORMATION

First Name:

Middle Name:

Last Name:

Gender: Male  Female  Seeking Admission to Class:

Date of Birth:         Place of Birth:

City (of Birth):  District (of Birth):

Aadhaar Number:  Nationality:

#### Residence Address

Flat/ Room No:

Name of Premises / Society

Road/Street/Lane:

Area/Locality:

Town/City/District:

State:  Pincode:

Religion: \_\_\_\_\_ Mother Tongue : \_\_\_\_\_

Caste: \_\_\_\_\_ Sub caste: \_\_\_\_\_

Category: OPEN  SC  ST  OBC  OTHER



## EMERGENCY DETAILS

In case of emergency, if parent/guardian is not available, please contact:

First Name:

Middle Name:

Last Name:

Mobile No. 1:  Mobile No. 2:

Relation with parents: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACADEMIC RECORD

School Last Attended: \_\_\_\_\_

Area/Locality with state: \_\_\_\_\_

Udise Code:

Reason for withdrawal: \_\_\_\_\_

Standard in which applicant studied: \_\_\_\_\_ Medium of instruction: \_\_\_\_\_

Sports, Games and other activities involved in: \_\_\_\_\_

## PREFERRED SMS NUMBER

## PREFERRED WHATSAPP NUMBER

## SCHOOL TRANSPORT

School transport required: Yes:  No:



## DECLARATION AND AFFIRMATION

I, \_\_\_\_\_ father / mother / guardian of \_\_\_\_\_  
Seeking admission for standard \_\_\_\_\_ in AIS KIDS hereby  
declare and affirm that:

1. I understand that under NO CIRCUMSTANCES WILL THE SCHOOL REFUND THE FEE PAID. Admission fees, school fees or any other fees are non-refundable, once the admission is confirmed. In case of cancellation of admission before the start of academic session, only the annual tuition fees will be refunded as per school's refund policy.
  - School admission fee is not refundable in any circumstances
  - Annual Tuition fees will be refunded as per below specified refund policy.

### ASHWINI INTERNATIONAL SCHOOL'S FEES REFUND POLICY

	Point of time	Refund percent
01	45 days before the re-opening date	50 %
02	30 days before the re-opening date	25 %
03	15 days before the re-opening date	10 %
04	Anytime in between the academic year	0%

2. I am aware that due care will be taken to ensure the safety and security of my ward by the school authorities and will not hold Ashwini International School responsible for any untoward incidents or circumstances which are beyond the control of the school.

3. I understand that mere submission of the admission form does not confirm admission to the school. Valid Registration and Payment of Fees will be followed by document verification.

4. Admission will be offered only after the due admission process.

5. I agree to pay Miscellaneous fees like picnic fees, school mobile application fees, annual gathering costume fees and NIE (NIE fees applicable for Std V and above).

6. I understand that if I have to withdraw my child's name from the school due to any reason at any time duration, I have to pay annual fees to receive the exit documents.



7. I agree with clear understanding that the school is totally governed by a Society and the amount paid by me will NOT BE WITHDRAWN even though my ward does not attend the school with having any valid reason. I also understand because of admission of my one child, another child cannot be admitted, due to limited seats available in that class. I shall not make any request of any kind once the payment is done. Admission of my ward is totally based on his/her age and on first come first served basis criteria.

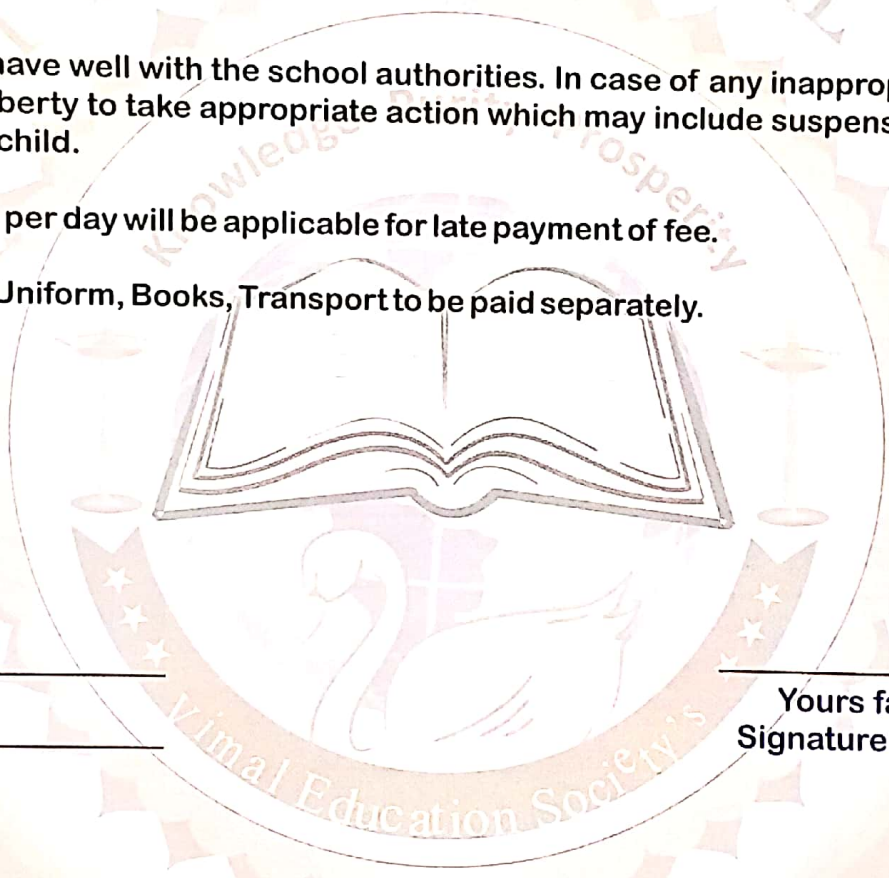
8. I, hereby, promise and agree to pay the school fees on time as per the dates mentioned in the fee structure. It is clearly understood that my ward will not be permitted to attend the classes / examinations if any of the instalments are not remitted in time. School has the right to make the ward to be withdrawn, if found not following all the rules laid by the school.

9. I abide by the school fees policy to have a hike of 7.5% every year. I understand the fees policy clearly and give my consent for the same. I do promise to pay as per the school fees policy mentioned.

10. I promise to behave well with the school authorities. In case of any inappropriate behavior, the school shall be at liberty to take appropriate action which may include suspension or cancellation of admission of my child.

11. A fine of Rs. 50/- per day will be applicable for late payment of fee.

12. I am aware that Uniform, Books, Transport to be paid separately.



Place: \_\_\_\_\_

Date: \_\_\_\_\_

Yours faithfully  
Signature of parent

Name of the parent: \_\_\_\_\_



**FOR OFFICE USE:**

ID No: \_\_\_\_\_

GR No: \_\_\_\_\_

**Documents attached:**

- 1. Original Birth Certificate
- 2. Original LC/TC
- 3. Photo copy of Blood Group Certificate
- 4. Original Medical Certificate
- 5. NOC ( No Dues Certificate from the previous school)
- 6. Photocopy of Mark List
- 7. Photocopy of Aadhaar Card
- 8. Student's passport size photograph - 2
- 9. Passport size photograph of both parents

Remark: \_\_\_\_\_

**Provisional Admission: Granted / Not Granted**

Grade: \_\_\_\_\_ Division: \_\_\_\_\_ House: \_\_\_\_\_

Admission Date : \_\_\_\_\_

\_\_\_\_\_  
Authorised Signature and Stamp

\_\_\_\_\_  
Director's Signature

Issue Date : \_\_\_\_\_ Form is valid for 7 days from the date of issue.



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## Medical Certificate

20 \_\_\_\_ - 20 \_\_\_\_

(To be filled by the Medical Officer)

This is to certify that I have examined today Master/ Miss \_\_\_\_\_  
aged \_\_\_\_\_ and I find he/she is not suffering from any infectious or contagious disease  
and that he/ she is physically fit in all respects to attend the school and to take part in all its  
activities.

Height in cms :  Weight in kgs :  Blood Group :

(Please attach the hard copy of blood group report)

Identification Marks : (i) \_\_\_\_\_

(ii) \_\_\_\_\_

Please give details if child is allergic to some specific Food / Medicine / Weather Condition

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Medications to be provided with respect to the above condition.

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Any injury, illness or operation during the last two year? \_\_\_\_\_

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Any special Learning needs (like Learning Disability, Dyslexia, ADHD, Autism etc) ?

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Please highlight in details and attach copies of all reports and tests. This will help us in assisting the child.

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Please attach physician prescription and advice in case any medical attention is required for the child.

Signature :

Date : 

d	d	m	m	y	y	y	y
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Name of the Doctor : \_\_\_\_\_

Stamp / Seal \_\_\_\_\_

**FOR SCHOOL'S OFFICE USE:**

ID No: \_\_\_\_\_ GR No: \_\_\_\_\_

Name : \_\_\_\_\_

Grade: \_\_\_\_\_ Division: \_\_\_\_\_

Date: \_\_\_\_\_

Authorised Signature

\_\_\_\_\_