

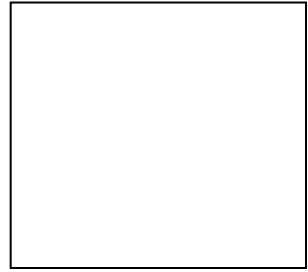
Form No. Given	Received

Admission No.

**AIR FORCE SCHOOL AFA**  
**HYDERABAD-500043**  
**20 -20 SESSION**

**Application Form For Admission**

**“THE REGISTRATION DOES NOT CONFIRM THE RIGHT TO ADMISSION”**



1. Full Name of Pupil (In Block Letters).....
2. Date of Birth (a) In figures:.....  
(b) In words: .....  
(c) Age as on date :.....yrs.....months
3. Gender: Male/Female.....
4. Religion.....Category: SC/ST/OBC/Others.....
5. (a) Nationality :..... (b) Mother Tongue : .....  
(c) Home Town (Permanent) :.....  
.....  
.....
6. (a) Mother's Name ..... Mobile No. ....  
(b) Father's Particulars:  
Service No. /PA No./Pass No.....Rank / Designation: .....  
Name :.....Trade/ Branch : .....  
Basic Pay: .....Section.....Category/ Post.....  
Unit..... AF cell No..... IP No.....  
Mobile No.....
7. Local Residential Address.....  
.....
8. Name of the school last attended .....
9. Class in which last studied : .....
10. (a) Class into which admission is sought :.....  
(b) No. & Date of Transfer Certificate :.....

Office Use: Date	Sign

Signature of parents

**CERTIFICATE BY SERVICE AUTHORITIES**

It is certified that (Particular of Parent) .....is serving in  
(Department) .....Name of the child .....and the date of birth  
of the child is ..... as per the service records.

**Note:** - Outside civilians are to enclose birth certificate of child issued by Corporation/  
Municipality .

Date: \_\_\_\_\_ Signature of authority

Place: \_\_\_\_\_ Office Stamp

**Remarks by School Clerk:**

**Check List**

- Birth Certificate
- Service Certificate
- Residence Proof
- Transfer Certificate
- Posted in personal are to utilize service transport /  
SI Bus service
- Pass Book Xerox
- Indemnity Form

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

**Remarks by Headmistress**

Date: \_\_\_\_\_ Signature of Headmistress

**Remarks by Executive Director:**

Date: \_\_\_\_\_ Signature of Executive Director

**FOR OFFICE USE ONLY**

Receipt No.....Date .....

Admission Fee.....Tuition Fee.....

Annual Charges .....Transport Charges.....

Signature of Acct

**Note:** Admission form is to be put upto Executive Director only for admission sought after 31  
July of the year.....

# SCHOOL HEALTH RECORD

AIR FORCE SCHOOL, AFA

HYDERABAD-43

## General Information

<p>Name: .....</p> <p>Date of Birth: .....</p> <div data-bbox="266 632 548 945" style="border: 1px solid black; width: 174px; height: 149px; margin: 20px auto;"></div>	<p>Father's Guardian's Name &amp; Address:.....</p> <hr/> <hr/> <hr/> <p>Phone No. Office:.....</p> <p>Residence: .....</p> <p>Mobile: .....</p>
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**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		
	At Birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	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		
Chicken Pox	After age 1 Year		
DT-OPA	4 ½ 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 has any other problem (External/ Internal).....

Is your child a special child: Yes  No

Does the child have any problem during physical activity.....

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

**To be certified by Registered Medical Practitioner**

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

B.P ..... Pulse.....vision L.....R.....

Squint ..... Conjunctiva.....comea.....Ear L.....R.....

Clinical Examination	Normal	Recommendation	
Head/Neck			
Adbomen			
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 Doctor.....





