



AMBITION - 2014

PERSONALITY DEVELOPMENT CAMP

An Endeavour By
HON.SHARAD PAWAR PUBLIC SCHOOL

Datta Bhoomi, A/P.Manur, Tal.Kalwan, Dist.Nashik (Maharashtra) PIN – 423501
Phone No. (02592)222810, 221079, Fax – 222810

ADMISSION FORM

Date :- / / 20

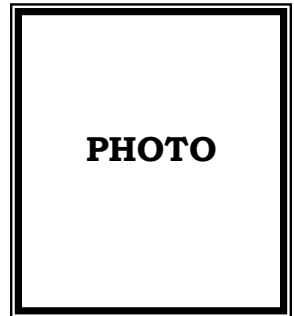
DETAILS OF STUDENT

SURNAME :- _____

NAME :- _____

FATHER'S NAME :- _____

MOTHER'S NAME :- _____



SEX :- MALE

FEMALE

DATE OF BIRTH :- / / (In Words):- _____

AGE ON 30/04/2014 :- _____ YEARS _____ MONTHS _____ DAYS

NAME OF THE SCHOOL STUDYING :- _____

SCHOOL'S ADDRESS :- _____

CLASS :- _____ MEDIUM :- _____

FATHER'S / GUARDIAN'S FULL NAME:- _____

ADDRESS FOR CORRESPONDENCE:- _____

PIN:- _____

TELEPHONE NO. STD:- _____ MOBILE NO.:- _____

CANDIDATE'S MEDICAL UPDATE

Height :- _____ cms.

Weight :- _____ kgs.

Previous illness (If Any) : _____

Treatment prescribed thereof _____

Whether undergone any surgery before _____

Known allergies (If Any) :- _____

The information given is correct to the best of my knowledge. I have gone through the camp prospectus and understood all the rules and regulations of the camp. Fees once paid will not be refunded. I agree to abide by all the camp rules and regulations.

(Signature of Father / Guardian with date)

FOR OFFICE USE ONLY

IN CHARGE'S SIGNATURE

PRINCIPAL'S DECISION

ADMISSION GRANTED

ADMISSION NOT GRANTED

PRINCIPAL'S SIGNATURE WITH DATE

FOR ACCOUNT OFFICE USE ONLY

Fees accepted vide Receipt No. :- _____ Date:- / /20

ACCOUNTANT'S SIGNATURE WITH DATE