

|                              |                    |
|------------------------------|--------------------|
| FOR<br>OFFICE<br>USE<br>ONLY | Registration Nom : |
|                              | Date of Receipt :  |
|                              | Year applied for : |



# THE ASSAM VALLEY SCHOOL

P.O. Balipara - 784101, Dist. Sonitpur

Asom, India.

Tel. 9678074320/21/22/23

E-mail: admissions@assamvalleyschool.com

(0)9954620600 (M)

## REGISTRATION FORM FOR CLASS XI

To,  
The Headmaster,  
The Assam Valley School.

Dear Sir,  
Please register my son/daughter/ward for admission into The Assam Valley School. The particulars of the candidate are given below:

Paste Candidate's  
Photograph  
(Do not staple)

NAME: (All in Block Letter)

|            |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|
| FIRST NAME |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|

|             |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Middle Name |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|

|                                |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Surname<br>(Title/Family Name) |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|

DATE OF BIRTH :

| DAY | MONTH | YEAR | INWORDS |
|-----|-------|------|---------|
|     |       |      |         |

| GENDER | MALE | FEMALE |
|--------|------|--------|
|        |      |        |

|                  |  |  |  |  |
|------------------|--|--|--|--|
| YEAR APPLIED FOR |  |  |  |  |
|------------------|--|--|--|--|

| STREAM APPLIED FOR | ELECTIVE 1 | ELECTIVE 2 | ELECTIVE 3 | ELECTIVE 4 |
|--------------------|------------|------------|------------|------------|
|                    |            |            |            |            |

AGE ON 1<sup>ST</sup> APRIL OF THE YEAR:

| DAY | MONTH | YEAR |
|-----|-------|------|
|     |       |      |

**PARENTS DETAILS** :(All in Block Letter)

| <b>FATHER</b>   | <b>MOTHER</b>   |
|---|---|
| <p>NAME : _____</p> <div style="text-align: center; margin: 20px 0;"><div style="border: 2px solid black; width: 150px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); text-align: center;">Paste Father's<br/>Photograph<br/><b>(Do not staple)</b></div></div></div> <p style="text-align: center;"><b><u>OCCUPATION DETAILS :</u></b></p> <p>NAME OF THE EMPLOYER (COMPANY): _____</p> <p>_____</p> <p>DESIGNATION : _____</p> <p>ADDRESS : _____</p> <p>P.O. _____ DIST: _____</p> <p>_____</p> | <p>NAME : _____</p> <div style="text-align: center; margin: 20px 0;"><div style="border: 2px solid black; width: 150px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); text-align: center;">Paste Mother's<br/>Photograph<br/><b>(Do not staple)</b></div></div></div> <p style="text-align: center;"><b><u>OCCUPATION DETAILS :</u></b></p> <p>NAME OF THE EMPLOYER (COMPANY): _____</p> <p>_____</p> <p>DESIGNATION : _____</p> <p>ADDRESS : _____</p> <p>P.O. _____ DIST: _____</p> <p>_____</p> |

**FOR COMMUNICATION BY THE SCHOOL:**

| <b>FATHER</b>                            | <b>MOTHER</b>          |
|--|------------------------|
| TELEPHONE NO : STD CODE: _____ NO: _____ | TELEPHONE NO : _____   |
| MOBILE NO : _____                        | MOBILE NO : _____      |
| EMAIL IDS : _____                        | EMAIL IDS : _____      |
| ADDRESS : _____                          | ADDRESS : _____        |
| _____                                    | _____                  |
| P.O. _____ DIST: _____                   | P.O. _____ DIST: _____ |
| _____                                    | _____                  |
| PIN _____                                | PIN _____              |

**PERMANENT ADDRESS :**

|                        |
|------------------------|
|                        |
|                        |
| P.O. _____ DIST: _____ |
| _____ PIN: _____       |
|                        |

**SIBLING SPECIFICATION (BLOOD BROTHER/ SISTER)**

1. IF STUDYING IN THIS SCHOOL: NAME:

CLASS:

ROLL NO/ HOUSE:

Paste Photograph  
(Do not staple)

2. IF APPEARING THIS YEAR : NAME: \_\_\_\_\_ CLASS ENTRY \_\_\_\_\_

**LOCAL GUARDIAN :**

NAME : \_\_\_\_\_

MOBILE NO : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO : STD CODE \_\_\_\_\_ NO \_\_\_\_\_

EMAIL ID: \_\_\_\_\_

Paste Photograph  
(Do not staple)

Religion : \_\_\_\_\_

Nationality : \_\_\_\_\_

Category (SC/ST/OBC/OTHERS) : \_\_\_\_\_

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

Key Interest : \_\_\_\_\_

Physical Inability (If any) : \_\_\_\_\_

**DETAILS OF THE SCHOOL PRESENTLY STUDYING IN**

NAME: \_\_\_\_\_

TYPE OF SCHOOL : \_\_\_\_\_

(Day, Boarding, Partial Boarding, Day School with private hostels, Public School, Residential School, K.V, Navodaya, Sainik School, Boys only, Girls only, Co-educational)

ADDRESS : \_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_

Any achievements in school :

Games \_\_\_\_\_

Co-curricular activities \_\_\_\_\_

NAME OF THE CLASS 10 BOARD : \_\_\_\_\_ BOARD EXAM ROLL NO/ INDEX NO (CLASS X) \_\_\_\_\_

Please mention how you came to know about “ The Assam Valley School”, Balipara :

Reason for applying to The Assam Valley School :

**AGREEMENT & DECLARATION :**

- I \_\_\_\_\_ (Name of the Parent/Legal Guardian) understand and agree that
- Registration **does not** mean qualification for admission. The Examination process involves eligibility for Registration, Written Examination followed by an interview.
  - If the candidate is offered Admission then I will abide by the rules and regulations of the School, pay the fees in advance and settle any other accounts promptly.
  - I declare that I am the Parent/Legal Guardian of the candidate.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Place \_\_\_\_\_ Name in Block letters \_\_\_\_\_  
Relationship with the candidates \_\_\_\_\_

**Enclosures :**

- Photocopy of the candidates Birth Certificate issued by a competent Village/Municipal/Govt.Authority or by a Registered Nursing Home or Medical Practitioner who has delivered the child with their medical Registration number. **(Affidavits or School Certificates are not acceptable)**
- Duly attested Mark sheet of the last qualifying examination.
- For Indian candidates: **Bank Draft of Rs. 15,000**, in favour of “**The Assam Valley School**”, payable at **Tezpur /Balipara** towards the registration fee, which is neither transferable nor refundable.
- For Foreign candidates: **Bank Draft of Rs. 15,000 or 400 US Dollars**, in favour of “**The Assam Valley School**”, payable at **Tezpur/Balipara** towards the registration fee which is neither transferable nor refundable.

**Return this form duly completed and signed to:**

**ADMISSION OFFICE  
THE ASSAM VALLEY SCHOOL  
P.O.Balipara  
Dist.Sonitpur,  
Asom-784101**

**Note (Class Age- Chart):**

This note is for Candidates who are outside the preferred entry age range into Classes 3 to 9 in The Assam Valley School.

**You may register your child for the class you intend him/her to join the school. You can not register the child classes in the same year. Change of class registered will not permitted.**

**AFTER REGISTRATION :**

- The candidate will sit the written test for the class registered.
- After the Written test and interview if the candidate is found suitable, the school decides which class the candidate will be offered a place to join The Assam Valley School. The Headmaster through a letter communicates this directly to the candidates.
- The School's decision is final.



## MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of MBBS)

(Keep a copy of the Medical Fitness Certificate for your record)

I certify that I have carefully examined Miss/ Master/.....  
Daughter/son of Mr. / Mrs. ....  
whose health history is given below.

- |   |        |
|---|--------|
| 1) Any major illness or surgery in the past                       | YES/NO |
| 2) Suffer from Bronchitis/Pneumonia/Bronchial Asthma/Tuberculosis | YES/NO |
| 3) Suffer from Rheumatic Fever/Arrthritis/Epilepsy/Seizures       | YES/NO |
| 4) Has/had a history of Somnambulism (Sleep Walking)              | YES/NO |
| 5) Has/had history of FOOD/BLOOD allergies.                       | YES/NO |
| 6) Has/had any issues with mental health/wellbeing                | YES/NO |
| 7) Has/had any learning difficulties                              | YES/NO |

--If the answer to any of the above is 'YES', please provide details and documents supporting treatment/intervention sought to for the same.

Based on the health history and examination, I certify that she/he is in good physical and mental health, and is free from any physical or mental health condition/disease which may interfere with her/his studies and participation in various activities required of her/him as a student (boarder) of The Assam Valley School (Residential, co-educational, Boarding-School).

Signature of the student : .....

Signature of the parent : .....

Place:.....

Signature of the Medical Officer

Date : .....

Name:

Seal:

Registration Number: