

GENERAL INSTRUCTIONS FOR FILLING UP OF ONLINE ADMISSION FORM

1. Parents are requested to fill all the fields that are relevant to your category in CAPITAL letters or tick the check box.
2. Upload passport size photographs of Father, Mother and Student designated at requisite place. Individual signatures of Father and Mother are mandatory.
3. Student's name, Father's name, Mother's name and Date of Birth should be same as given in Date of Birth Certificate (For Class KG) and in Transfer Certificate (TC) provided by the previous school (For Class I to XII).
4. Students who belong to SC, ST, OBC categories must obtain Caste Certificate.
5. Parents are requested to submit following documents on 2020afbbsadmission@gmail.com. While submitting the forms, parents are requested to prefix admission number, name of the child and class in **subject heading of the aforesaid email**: -
 - (a) Date of Birth Certificate in original. **(For Class KG)**
 - (b) Transfer Certificate in original. **(Class I to XII)**
 - (c) Caste Certificate (SC/ST/OBC).
 - (d) Medical Certificate duly signed by any MBBS Doctor (Annexure I).
 - (e) Serving Certificate for Defence (Air Force/Army/Navy).
 - (f) Class IX/XI CBSE Registration Card/registration Number.
 - (g) Photocopy of Posting Order/Movement Order
 - (h) Student's Aadhaar Card
6. In case of any difficulties please contact on following phone numbers: -
 - (a) 011-24616220 Extn – 13 (till 1300 hrs)
 - (b) 9315595095 (till 1500 hrs)
7. The **last date** of filling up of online admission form is **on or before 28 July 2020**.

Note: This admission will be considered as Provisional admission till documents gets verified from original documents.

MEDICAL HISTORY OF CHILD

Part-I

I Father/Mother/Local Guardian
of Student of Class/Sec
..... Admission No. hereby confirm that my
child/ward is suffering/not suffering from (attach details if, Yes) :-

- a) Physical deformity
- b) Any congenital/hereditary/medical problem
- c) Allergy to any drug/anything else
- d) Epilepsy/Fits
- e) Bronchial Asthma/Wheezing
- f) Eye related problem. Using specs
- g) Any long term medication past/present
- h) H/O any surgery

Card with child in case of epilepsy/diabetes etc.

Date: _____

Signature of Parent/Guardian

Part-II

MEDICAL FITNESS CERTIFICATE

(To be signed by the Registered Medical Practitioner)

Certified that Master/Miss is
medically fit / unfit.

On medication (long term) - Yes/No

Has no allergy

Has not suffered from any Acute/Chronic disease which needs constant Medical
Supervision (If yes, please specify).

Date: _____

Signature of Medical officer
Name with seal

IMMUNIZATION CERTIFICATE

Part-III

Certified that Master/Miss has been immunized against: -

- 1.) B.C.G
- 2.) D.P.T
- 3.) Injection against Hepatitis B
 - a) 1st dose on date
 - b) 2nd dose on date
 - c) 3rd dose on date
- 4.) Injection against Hepatitis A
- 5.) Blood Group/Hb%

Please provide photocopy of Immunization Card.

Date:

Signature of Medical officer
Name with Seal

Place:

Part-IV

MEDICAL CERTIFICATE

(To be signed by Medical officer, AFBBS, Lodi Road, New delhi-03)

Certified that I have examined Master/Miss
Class/Sec And he/she is medically fit/unfit for admission in
School.

Date:

Signature of Medical officer
Name with Seal

Place:

RS/1430/5092/9-2-18