

INDEMNITY BOND / RISK CERTIFICATE

(On stamp paper costing Rs. 15)

I _____ S/o/Do.Sh. _____
and resident of _____ Tehsil
_____ District _____ do here by solemnly
declares and affirms as under: -

1. That my son/daughter _____ Academy No. _____ and age _____ is a student of Sri Dasmesh Academy, Anandpur Sahib Distt. Ropar.
2. That I am prepared to send my above named son/daughter on any adventure historical/geographic course to any part of the country that may be organized by Sri Dasmesh Academy and that I would not hold the Academy responsible for any mishap that occur during such visits or at the Academy.
3. That I would not hold the Academy responsible for any natural hazard that may occur at the Academy or during any visit.
4. That I would not hold the Academy responsible for any injuries, fatal or otherwise that my son may suffer during his stay at the Academy.
5. That I will not hold Sri Dasmesh Academy responsible for such activity undertaken by the school inside or outside including all educational tours, excursions, treks, mountaining, sailing, surfing or while travelling under Academy arrangements.
6. I will not hold Sri Dasmesh Academy responsible for any injury, fatal or otherwise while travelling to and from Academy to home and vice versa in the Academy transport or the transport hired by the Academy.
7. I will not hold Sri Dasmesh Academy responsible for any injury, fatal or otherwise caused due to accident or otherwise resulting from his running away from the Academy without permission.
8. I will be fully responsible for the activities of my son/ward at the Academy/outside, which will cause damage/breakage to the Academy property/outside willfully or due to his negligence and I under take to make good such losses caused due to such actions on the part of my ward/son.

Attested by SDM/Tehsildar / Notary

Signature of Parent/Guardian

SRI DASMESH ACADEMY, ANANDPUR SAHIB

Parents are requested to supply the following information regarding themselves and their Wards: -

1. Name of the Ward : -----
2. Father's Name : -----
Age : -----
Occupation : -----
Education : -----
Income : -----
3. Telephone Number Office and Residence : -----
4. Mother's Name : -----
Age : -----
Occupation : -----
Income if any : -----
5. Number of Siblings : -----
Brother : -----
Sisters : -----
6. Any Brother(s) studying in the Academy
(their names, A. No. & House) : -----
7. Please intimate the names of Individuals together with relation who can see and take the child from the campus.
 1. -----
 2. -----
 3. -----
 4. -----
 5. -----

Kindly furnish as much information as possible. This will help us to look after your ward better.

Place: -----

Signature of Parent

Date: -----

Address: -----

Sri Dasmesh Academy	SDA/AC/07 Rev :00
HEALTH RECORD PERFORMA	Issue: 01 Date: 10/11/2014

SRI DASMESH ACADEMY, ANANDPUR SAHIB
DISTT.RUPNAGAR (PUNJAB)
 Tele: 01887-232002, 232005, 230977
 Website: sridasmeshacademy.in
 Email: sda_aps@yahoo.co.in

SCHOOL HEALTH RECORD

General Information

Name: _____ Date of Birth: _____ <div style="text-align: center; padding: 10px;"> Recent Passport size Photograph </div>	Admission No. _____ Father's/Guardian's name & Address: _____ _____ _____ _____ Phone No. Office _____ Residence _____ Mobile _____
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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		
Hepatitis B	At Birth		
	1 Month		
	6 Months		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Month		
	2 Months		
	3 Months		
Measles	9 Months		
	16 Months		
MMR	18 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 years		
Hepatitis 2 (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 _____

Sri Dasmesh Academy	SDA/AC/07
	Rev :00
HEALTH RECORD PERFORMA	Issue: 01
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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 have any problem during physical activity : _____

Signature of Father _____ Signature of Mother _____

To be certified by a Registered Medical Practitioner

Date of Physical examination _____ Height _____ Weight _____

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

Squint _____ Conjunctive _____ Cornea _____

Ear L _____ R _____

Clinical Examination	Normal	Recommendation	
Head/Neck			
Abdomen			
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 _____

Sri Dasmesh Academy

SDA/AC/07

Rev :00

HEALTH RECORD PERFORMA

Issue: 01

Date: 10/11/2014

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General Appearance													
Weight Kg. Actual Percentile													
Height cms Actual percentile													
Eye Vision R.E.													
Eye Vision L.E.													
Squint Conjunctiva Cornea													
Rt. Lt. Ears External Ear Middle Ear													
ORAL CAVITY GUMS Colour Teeth Occlusion Caries Tonsils Lymph Nodes													
Pulse													
B.P.													
Nails													
Skin													
Muscle, Skeletal System Knee/Flat Feet/ Lordosis/ Kyphosis													
Systemic Examination													

Name of the Doctor

Signature of Doctor



SRI DASMESH ACADEMY, ANANDPUR SAHIB - 140120

List of Clothing Appendix 'A' (to be provided by the Academy)

Sr.No	Particulars	Qty
1	White tericot shirts (Half Sleeves)	6
2	White tericot shirts (Full Sleeves)	4
3	Grey shorts tericot upto class V	6
4	Grey pants tericot for class VI onwards	4
5	White pants tericot	2
6	Patka (under Turban) tericot rubia light blue	4
7	Turban for sikh boys (light blue for class VI & above)	3
8	Grey socks	4 Pairs
9	White socks	2 Pairs
10	Academy Belt	1
11	Academy Tie	1
12	Woollen worsted pant (grey)	2
13	Navy blue blazer with Academy Crest	1
14	Pullover light blue with sleeves	1
15	Pullover light blue without sleeves	1
16	House colour sports shirts	6
17	House Colour Bedsheets.	

Appendix 'B' (to be brought by the parents whilst admitting their children/wards)

Sr.No	Particulars	Qty
1	Black Shoes (Oxford Pattern)	2 Pairs
2	Sports Shoes	2 Pairs

3	Vest (White)	6
4	Drawere (Underwear)	6
5	Shorts Navy Blue	4
6	Raincoat	1
7	Quilt (to be brought in October)	1
8	Quilt cover white (to be brought in October)	2
9	Bathroom sleeper (V shape rubber)	1 Pair
10	Pillow size 12"x20"	1
11	Pillow cases	2
12	Bucket & Mug	1
13	Large size Box 38cmx90cmx50cm	1
14	Flash light (torch)	1
15	Bath Towels	4
16	Hand Towels	2
17	White Bed sheets	4
18	Blanket (Light Blue)	1
19	Sleeping suits	4 sets
20	Briefcase 18"	1
21	Private clothing such as: underturban/Turban/Shorts	
	Trousers/Shirts as less as possible	

In addition to the above items, toil-tries and sundries such as Toothpaste, Hair oil, Shoe polish, Shine brush, White/Black polish, Housewife (Thread, Needle & Buttons etc.) are also to be brought by the Parents.