

SHRI BRAHMANAND VIDYA MANDIR SAINIK SCHOOL CHAPARDA

Po. Juni Chavand, Ta. Visavadar, Dist. Junagadh, At Chaparda-362120 (Gujarat)

DOCUMENT RECEIPT / RETURN FORM

Date: _____

Student Name: _____

Class Applied For: _____

Parent/Guardian _____

Contact Number: _____

Details of Document(s) Not Submitted / Returned for Correction:

Document	Yes	No	Not Applicable
Document Receipt / Return Form			
Checklist			
Provisional Admission Letter from Aissac			
Admit Card of AISSEE			
Score Card of AISSEE			
Admission Form for Class VI & IX			
Study Certificate			
Fees Undertaking Form			
Consent form			
Anti-ragging from Undertaking by the Cadet			
Bio Data Cadet Form			
Affidavit By Parent/Guardian			
Agreement to be Executed by Parents/Guardian			
Birth Certificate (20 Copies)			
Recent Passport-Sized Photographs (20 Copies)			
Aadhaar Card (Student) (20 Copies)			
Domicile Certificate (Student)			
Bank Account Details of Student (Passbook's first Page Copy) - joint account is not Allowed			
Transfer Certificate to be Duly Signed by Deo, If the Candidate from out of Gujrat.			
Marksheet of the Previous Class (3,4,5 or 6,7,8)			
Mother's Aadhaar Card			
Father's Aadhaar Card			
Post Card Size 2 Copies of Family Photographs [Parents Along with Children]			
Father's Passport Size Photo (5)			
Mother's Passport Size Photo (5)			
Voter Id or Other Address Proof of Parents			
Certificate of Service (For Defence Category-Serving)			
Income Certificate of Parents			
Caste Certificate (SC/ST/OBC)			
EWS/BPL Certificate			

Medical Certificate from Jai Ambey Hospital			
Fee Deposit Receipt			
Adoption Deed (In Case of Adopted Child)			

Reason for Non-Submission / Return for Correction:

Acknowledgment and Undertaking by Parent/Guardian

I, [Parent/Guardian Name],
 acknowledge that I have not submitted or received back the above-mentioned documents. I
 understand that failure to provide the necessary corrections or missing materials by [Date] may
 result in the cancellation of admission, without a refund of any fees paid.

I hereby undertake to provide all required documents and corrections within the stipulated
 timeframe. I accept full responsibility for any consequences arising from non-compliance and
 confirm that I will not hold the institution accountable for any action taken in accordance with its
 policies.

Deadline Date: _____

Parent/Guardian Signature: _____

Date: _____

Received by

Signature: _____

School Stamp