

LETTER OF ACCEPTANCE OF ADMISSION OFFER

1. I hereby	accept the offe	er of admissi	on for my v	ward (Name)
		(Re	gistration	No) in
Class	(2020-20	21) vide care	eer defence	e school amb	oala letter
No. CDS/Ad	dmn/2020/	dated		2020.	
2. I hereby	give an underta	aking that m	ıy ward wil	l abide by al	Ischool
rules and re	egulations in fo	rce from tin	ne to time.	R	
DE	FEN	CES	SCH	OOL	
Mak	ing officers	sBuild	ing Nat	ion	
	Si	ignature of F	Parent/Gua	ırdian:	
	R	ank & Name	2:		
	F	ull Address \	with PIN Co	ode:	
	T	ele No with	STD Code:		
	N	obile No:			

APPLICATION FORM (TO BE FILLED UP IN CAPITAL LETTERS ONLY)

	То		
	The Principal		Space for
	The Timespar		Photograph
	CDS, AMBALA		
	Date Apr 2020		
	C:n		
	Sir,		
	1. My son/daughter/ward has passed the entrance test h	neld on 09 Feb2020 at	She/he has
	qualified for admission in classin CDS AMBALA.		
	400		
(A)	Name (As per School Record/TC)		
(B)	Father's Name (As per School Record/TC)		
(C)	Mother's Name (As per School Record/TC)		
(D)	Guardian's Name (if parents not alive)		
(E)	Date of birth (As per School Record/TC)		
(F)	Class in which admission is desired		
(G)	Previous class passed		
(H)	Name of Previous School		
(1)	Registration No		
(J)	Aadhar No		
(K)	Category(Offr/JCO/OR/Civs)		
(L)	Identification Marks		
(M)	Any health problem		
	 Allergic to Medicine (if any) 		
	• (ii) Blood Group		
(N)	Name & Class of brother/sister studying in	Name	Class
	CDS with School No (if any)	School NO	_
(O)	Full Address for communication		
		E-Mail ID	
(P)	Tele No (with STD Code)/Mob No		
(Q)	In case of Emergency(Contact Landline		
	(with STD Code)/Mobile number)		
(R)	Name and relation of two persons (other	(i) Name	Relation with
	than parent) who can visit the child and	the student(ii)	
	escort him/her during leave/vacation.	Name	Relation with the
		student	

DETAILS OF FATHER / MOTHER (DEFENCE PERSONNEL ONLY)

2.	Service	e No	-	R	ank				_
Arms/Service		Present	Unit					_	
Place	of posti	ng		Last Unit_					_(in
case	of Ex-	-serviceman)	PPNO			_(In	case	of	Ex-
servic	eman) 3	. It is requeste	ed that my war	d may kind	dly be admitted	d in cla	ass		
			ECLARATION	BY THE	PARENT	R			
T ho	roby doc		date of birth of			and (othor n	artic	ılard
	-		ect and that I				-		
	equent da		ect and that I	would flot	demand any c	.i iai igi		iii at	arry
1	Apr	2020	ICE	Signature	of Parent				
	Maki	ng office	ersBui	lding	Nation				

ANTI RAGGING AFFIDAVIT ON NON-JUDICIAL STAMP/e-STAMP PAPER OF RS 20/- UNDERTAKING BY OSTUDENTS

I,(Roll Noinvolved in any case of ragging of the junior studer am liable to be expelled from the institute.) hereby undertake that I will not get nts. If I am found involved in any such case, I
	(Signature of Student)
	R
DEFENCE S	CHOOL
Making officers UNDERTAKIN	G BY PARENTS
1,father/mother	r/guardian of(Roll No
	se my ward not to get involved in any case of ake that if my ward is found involved in any such
case, any disciplinary action as per prescribed r	
	(Signature of Parents/Guardian)

The Principal

CAREER DEFENCE SCHOOL,

AMBALA CANTT, KALPI- 133104

DEFENCE PERSONNEL SERVING CERTIFICATE

This is to certify that	is a serving member of the defence, and
will continue to be in actual service till th	
Car	R
DEFENC	(Signature of Commanding Officer)
Making officers	Where the individual is presently posted)
	Name and full address
Dated:	
OFFICE SEAL	

On Non-Judicial Stamp/e-Stamp Paper of Rs 20/-

CAREER DEFENCE SCHOOL

AMBALA CANTT

KALPI (H.R) 133104

INDEMNITY BOND

•	In The Matter Of Master/Miss	Minor Of Whom I, Shri/Smt
	Am The Legal Natural Guardian Who Is Being	Admitted For Studies In Career Defence School
	Ambala, Hereinafter Called The "School "At My F	Request And Keen Desire, I Indemnify The School
	From Any Legal Action Or Compensation And	Agree That Neither Me Nor My Executors Or
	Administrators Or Other Legal Representative Wil	ll Make Any Claim Against The Said Or Its Principal
	Or Any Staff Or The Board Of Governors Or The Go	ovt. Or Against Any Person Whatsoever In Respect
	Of Any Loss Or Injury To Person Or Property Inclu	uding Injury Resulting In Death Which The Minor
	Master/Miss	May Suffer While The Said
	Student Is Admitted And Retained In The Said Sc	hool For Studies Or Whilst She/he Is Boarding In
	The Said School. I Understand And Agree That No	o Compensation Or Damages Will Be Paid By The
	School Or By Any Officer Or Other Rank Or Emp	loyee Of The Indian Army Or Any Person In The
	Service Of The School Against Any Claim Which I	May Be Made By Any Third Party Against You Or
	Any-Body Else On Your Behalf Arising Out Of Any	Act Or Default On The Party Or The Said Studies
	Including Participation In Games, Curricular Or Ex	tra Co-CurricularActivities.
. 1	It Is Further Declared That Stamp Duty, If Any, Pa	And On This Haydowtaking Chall Ba Barra Br. Ma
•	it is Further Declared That Stamp Duty, if Any, Pa	yable On This Undertaking Shall Be Borne By Me.
	Date:The Day Of	
	Signatures of Witness	Signature of Guardian/Parent
		
	Signature:	Signature:
	Name:	Name:
	Nume.	Nume:
	Address:	Address:
	Ci	
	Signature:	
		<u>Countersignature</u>

Articles required for each student per year/as and when required

ADMISSION

Ser. No	Name of Article	Qty.
1.	Full sleeves sweater - V neck	02
2.	Sleeveless sweater V neck	02
3.	T shirt White	04
4.	T shirt Blue	04
5.	Stockings (Girls)	04
6.	White Shirts Full sleeves	08
7.	(a) Shorts (navy blue) for boys	04
	(b) Shorts (white) for boys	04
8.	Navy blue blazer (with crest)	01
9.	Bed Cover	01
10.	Terry wool Trousers and Skirts (grey) (for girls)	03+03
11.	Track Suits (navy blue)	01
12.	Socks (black + navy blue)	04+04 pairs
13.	Woollen Cap – Blue	01
14.	Muffler – Blue	
15.	Gloves – Blue	01
16.	Uniform for NCC (as applicable)	
17.	Handkerchiefs	05
18.	Night suits (Woollen) Civil Track Suit	02
19.	(Cotton) Kurta Pajama	02
20.	Vest Cotton (Boys & Girls)	06—
21.	Undergarments (Underwear)	06
22.	White Socks	04
23.	Socks Black/Grey	04
24.	Civil Jacket	01
25.	Civil Dress	02
26.	Civil Sweaters (Full Sleeves)	01
27.	Bathroom Slippers	
28.	Navy Blue turban for Sikh students 02 with fifty (Red)	02

<u>Ser. No</u> .	Name of Article	<u>Qty</u>
29. 30. 31.	Patka Navy Blue for Sikh students Civil T-Shirts Thermal Innerwear	02 04 03 SETS
32.	Civil Cap (Grey)	01
33.	Civil Muffler (Grey)	01
34.	Personal Items:	
	(A) Black Shoe Polish	
	(b) Shoe Brush	
	(c) Bathing Soap	
	(d) Hair Oil	
	(e) Tooth Brush	3)
	(f) Tooth Paste	
	(g) Shampoo	
D	(h) Washing Soap/Surf	
	(i) Cold Cream	
Mal	(j) Vaseline	
	(k) Comb/Hair Brush	
	(I) Telcom Powder	
35.	<u>Towels</u> .	
36.	Plastic Bucket with Mug	01+01
37.	Water Bottle	01
38.	Umbrella	01
39.	Rain Coat (Duck Back preferably)	01
40.	Torch with cells	01
41.	Nail Cutter	01

42.	School Bag	01
43.	Clothes Clips	01 dozen
44.	Hangers	06
45.	Unbreakable Mug/Tumbler for Tea/Milk & Spoon	01+01
46.	Bed Sheets (Printed-large size)	03
47.	Pillow	01
48.	Pillow covers	04
49.	Quilt	01
50.	Quilt cover	02
51.	Blanket	01
52.	Trunk/Suitcase	01
53.	Locks and duplicate keys	04
54.	Key chain	02

Note: All belongings of the child should be marked with marking ink. Bed wetter is not admitted.



Career Defence School, Ambala, Haryana

NEAR KALPI CHAWK, NH73 KALPI, HARYANA 133104.

MEDICAL CERTIFICATE

PART 'A'

1. Name of candidate in full (in Block letters)			
2. State your age and birth place	2—121—121—121—121—121—121—121—121—121—1		
3. General development:	Good	_ Fair	_ Poor
4. Height:	(Without Shoes)	Weight	BMI
5. Body Structure:	Thin	_Average	Obese
6. Temperature:			
7. Measurement of chest:(a) After full expiration(b) After full inspiration	2		
8. Skin: Any obvious disease			
9. Respiratory system:	in the respiratory	amination reveal organsy	
10. Circulatory System:			
(a) Blood Pressure:	Systolic	Diastolic	Heart Murmur
(b) ECG			(Attach copy)
11. Nervous System:	Indication of ner	vous or mental di	sabilities
12. When were you last vaccinated?			_
13. Blood Group:	<u> </u>		
14. (a) Any Surgery in Past Two Years			_
(b) If yes details there of	Y.		<u></u>

	PART 'B'		
1. Eyes:			
Any disease			
Night blindness			
Defect in color vision	<u>8</u>	- 127 - 1	
Field of vision			
Visual acuity			
Acuity of vision	Naked eye with glasses	Strength of glass sph. cyl. Axis	
1	2	3	
Distant vision			
RE			
LE			
Near vision			
RE			
LE			
<u>Hypermetropia</u> (Manifest)			
RE			Manager on sections
LE			Signature and Stamp of Opthalmologist
2. Ears Inspection			
Hearing	- 		
(a)Right Ear			
(b) Left Ear			
(c) Any Infection	<u> </u>		
(d) Any other observation			
3. Nose Inspection			
4. Throat Inspection	<u> </u>		
			Signature and Stamp of
5. Number of teeth6. Condition of teeth7. Condition of Gums8. Overall oral Hygiene			ENT Specialist
			Signature and Stamp of Dental Doctor
Note: Doctor / Medical Examiner should record	PART – 'C' I their findings under one o	f the following thr	ee categories:
ı Fit	5533	1575.0	1750
I Unfit on account of			
Temporarily unfit on account of			
Signature of Cadet			Signature and Stamp of

Medical Specialist