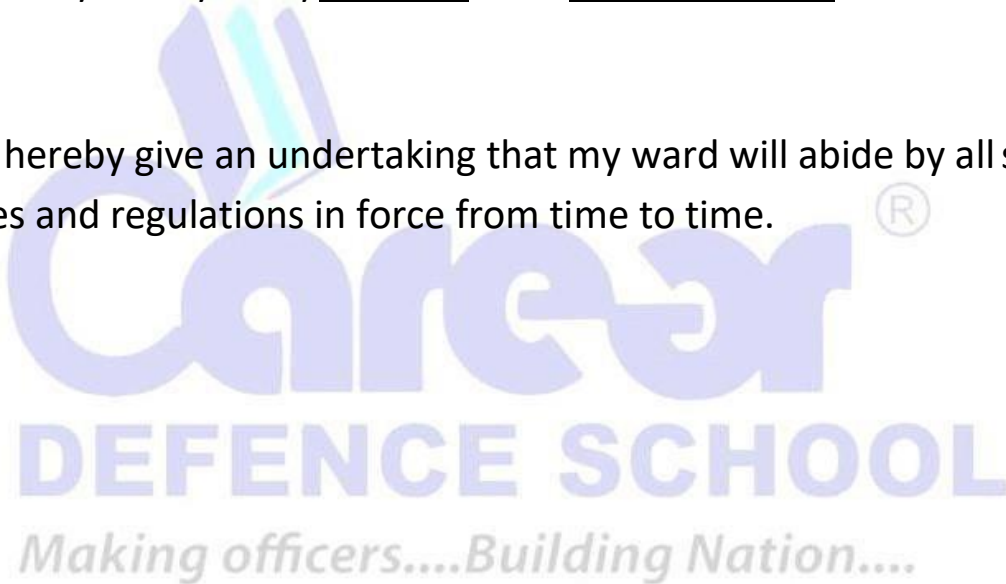


LETTER OF ACCEPTANCE OF ADMISSION OFFER

1. I hereby accept the offer of admission for my ward (Name)
_____ (Registration No. _____) in
Class _____ (2020-2021) vide career defence school ambala letter
No. CDS/Admn/2020/ _____ dated _____ 2020.

2. I hereby give an undertaking that my ward will abide by all school
rules and regulations in force from time to time. [®]



Signature of Parent/Guardian:

Rank & Name:

Full Address with PIN Code:

Tele No with STD Code:

Mobile No:

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

To

The Principal

CDS, AMBALA

Date ___ Apr 2020

Sir,

Space for Photograph

1. My son/daughter/ward has passed the entrance test held on 09 Feb 2020 at She/he has qualified for admission in class _____ in CDS AMBALA. The particulars of my ward are asunder:-

(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	
(I)	Registration No	
(J)	Aadhar No	
(K)	Category(Offr/JCO/OR/Civs)	
(L)	Identification Marks	
(M)	Any health problem	
	<ul style="list-style-type: none"> • Allergic to Medicine (if any) • (ii) Blood Group 	
(N)	Name & Class of brother/sister studying in CDS with School No (if any)	Name _____ Class _____ 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 than parent) who can visit the child and escort him/her during leave/vacation.	(i) Name _____ Relation with the student _____ (ii) Name _____ Relation with the student _____

DETAILS OF FATHER /MOTHER (DEFENCE PERSONNEL ONLY)

2. Service No _____ Rank _____
Arms/Service _____ Present Unit _____
Place of posting _____ Last Unit _____ (in
case of Ex-serviceman) PPNO _____ (In case of Ex-
serviceman) 3. It is requested that my ward may kindly be admitted in class _____.

DECLARATION BY THE PARENT

I hereby declare that the date of birth of my son/daughter/ward and other particulars as mentioned above are correct and that I would not demand any change in them at any subsequent date.

_____ Apr 2020

Signature of Parent _____

Making officers....Building Nation....

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

I, _____ (Roll No. _____) hereby undertake that I will not get involved in any case of ragging of the junior students. If I am found involved in any such case, I am liable to be expelled from the institute.

(Signature of Student)



1, _____ father/mother/guardian of _____ (Roll No _____) hereby undertake that I will advise my ward not to get involved in any case of ragging of the junior students. I further undertake that if my ward is found involved in any such case, any disciplinary action as per prescribed rules may be taken against my ward.

(Signature of Parents/Guardian)

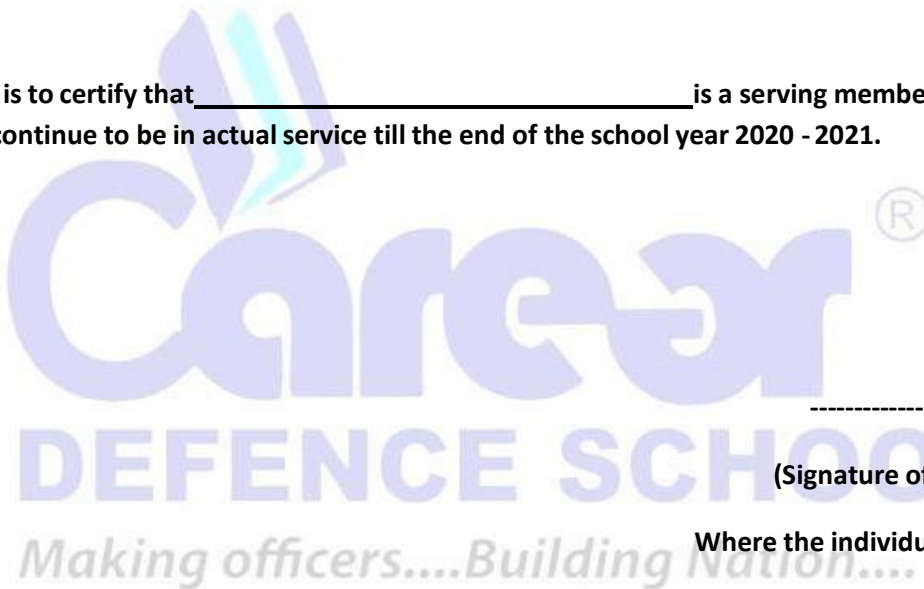
The Principal

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 the end of the school year 2020 - 2021.



(Signature of Commanding Officer)

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 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 Will Make Any Claim Against The Said Or Its Principal Or Any Staff Or The Board Of Governors Or The Govt. Or Against Any Person Whatsoever In Respect Of Any Loss Or Injury To Person Or Property Including Injury Resulting In Death Which The Minor Master/Miss _____ May Suffer While The Said Student Is Admitted And Retained In The Said School For Studies Or Whilst She/he Is Boarding In The Said School. I Understand And Agree That No Compensation Or Damages Will Be Paid By The School Or By Any Officer Or Other Rank Or Employee Of The Indian Army Or Any Person In The Service Of The School Against Any Claim Which 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 Extra Co-Curricular Activities.
- It Is Further Declared That Stamp Duty, If Any, Payable On This Undertaking Shall Be Borne By Me.

Date: _____ The Day Of _____

Signatures of Witness

Signature: _____

Name: _____

Address: _____

Signature: _____

Signature of Guardian/Parent

Signature: _____

Name: _____

Address: _____

Countersignature

MEDICAL CERTIFICATE

PART 'A'

1. Name of candidate in full (in Block letters) _____
2. State your age and birth place _____
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 _____
8. Skin: Any obvious disease _____
9. Respiratory system: Does physical examination reveal anything abnormal
in the respiratory organs _____
If yes explain fully _____
10. Circulatory System:
(a) Blood Pressure: Systolic _____ Diastolic _____ Heart Murmur _____
(b) ECG _____ (Attach copy)
11. Nervous System: Indication of nervous or mental disabilities _____
12. When were you last vaccinated? _____
13. Blood Group: _____
14. (a) Any Surgery in Past Two Years _____
(b) If yes details there of _____

Signature of Cadet

Signature and Stamp of
Medical Examiner / MBBS Doctor

PART 'B'

1. Eyes:

- Any disease _____
- Night blindness _____
- Defect in color vision _____
- 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 _____

Hypermetropia (Manifest)

RE _____

LE _____

Signature and Stamp of
Ophthalmologist

2. Ears Inspection

Hearing

(a) Right Ear _____

(b) Left Ear _____

(c) Any Infection _____

(d) Any other observation _____

3. Nose Inspection _____

4. Throat Inspection _____

Signature and Stamp of
ENT Specialist

5. Number of teeth _____

6. Condition of teeth _____

7. Condition of Gums _____

8. Overall oral Hygiene _____

Signature and Stamp of
Dental Doctor

PART – 'C'

Note: Doctor / Medical Examiner should record their findings under one of the following three categories:

☐ Fit _____

☐ Unfit on account of _____

☐ Temporarily unfit on account of _____

Signature of Cadet

Signature and Stamp of
Medical Specialist