completely.

to participate in all school activities.

Enrollment fees, Tution Fees, and other expenses th

wards education of my son / daughter / award and I agree to p

I know that there will be changes in the structure of above mention fees, Tution fee

and other expenses from time to time and reasonable increases in these from time to

time and I agree to pay all these, fees and other expenses as applicable for my child.

- I know that students are responsible to the school authorities not only for their conduct in the school but also for their general behaviour outside. Any objectionable conduct outside the school shall make the students liable for disciplinary action, including the student's dismissal from the school.
- I hereby declare that my son/ daughter / ward and I shall abide by the rules of the School, Including any modifications to the present rules that may introduce from time to time. I hereby agree that in the event that my son / daughter / ward or I commit a breach of any of the rules and regulation of the school, the school is free to take disciplinary action as it sees fit, including the student's dismissal from the school.
- ***Fees once paid will not be refunded.***

Application may be rejected if incorrect information is given.

अनिता शंखे
Mother's Signature

Father's Signature

Guardian's Signature

FOR OFFICE USE ONLY

ssion Granted / Not Granted : Granted.

Register No. : 726.

dmission : 14/05/15.

y : I st.

Div. :

Signature of Principal / Head Master

प्रमाणपत्र क्रमांक Certificate No. (8591

नमुना – ५ Form - 5

सत्यमेव जयते

महाराष्ट्र शासन
GOVERNMENT OF MAHARASHTRA
आरोग्य विभाग
HEALTH DEPARTMENT

महानगरपालिका, अमरावती.
AMRAVATI MUNICIPAL CORPORATION, AMRAVATI.

AMC

जन्म प्रमाणपत्र

पेज क्रं. १९९

BIRTH CERTIFICATE

(जन्म व मृत्यु नोंदणी अधिनियम १९६९ च्या कलम १२/१७ आणि महाराष्ट्र जन्म आणि मृत्यु नोंदणी नियम, २००० चे नियम ८/१३ अन्वये देण्यात आले आहे.)
(Issued under section 12/17 of the Registration of Births & Deaths Act 1969 and Rule 8/13 of the Maharashtra Registration of Births and Deaths Rules, 2000)

प्रमाणित करण्यात येत आहे की, खालील माहिती जन्माच्या मुळ अभिलेखाच्या नोंदवहीतून घेण्यात आली आहे, जी की महानगरपालिका, अमरावती तालुका–अमरावती जिल्हा–अमरावती महाराष्ट्र राज्याच्या नोंदवहीत उलेख आहे.
This is to certify that the following information has been taken from the original record of birth which is the register for Municipal Corporation, Amravati of tahasil-Amravati of District - Amravati of Maharashtra State.

बाळाचे नाव : कु. अनुष्का
Name of Child :

लिंग : स्त्री
Sex :

जन्म दिनांक : १९/५/२००९ रुकोणविस
Date of Birth : मे दोन हजार नऊ

जन्म ठिकाण : मोदी हॉस्पीटल वडनेरा
Place of Birth :

आईचे पूर्ण नांव: सौ. अनिता जितेंद्र इंगळे
Full Name of Mother :

वडिलाचे पूर्ण नांव : जितेंद्र विश्रामजी इंगळे
Full Name of Father :

बाळाचे जन्माचे वेळी आईवडीलांचा पत्ता : पुणे
Address of parents at the time of birth of the child :

आईवडिलांचा कायमचा पत्ता : पुणे
Permanent addrress of parents :

नोंदणी क्रमांक : 340
Registration No.:

नोंदणी दिनांक : 30.4.2009
Date of Registration :

शेरा :
Remark (If any) :

वैद्यकीय अधिकारी तथा
उपनिबंधक जन्म–मृत्यु, महानगरपालिका,अमरावती.
Medical Officer and
Deputy, Registrar Birth & Death.
Municipal Corporation, Amravati.

वैद्यकीय अधिकारी तथा
निबंधक जन्म–मृत्यु, महानगरपालिका, अमरावती.
Medical Officer of Health and
Registrar Birth & Death.
Municipal Corporation, Amravati.

प्रमाणपत्र दिल्याचा दिनांक : 20.11.2013
Date of Issue of certificate :

"प्रत्येक जन्म आणि मृत्युची घटना नोंदल्याची खात्री करा" "Ensure Registration of every birth and death"