

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

Mother's Signature

Father's Signature

Guardian's Signature

FOR OFFICE USE ONLY

Decision Granted / Not Granted

Register No. : 744

Mission : 29/05/15

Div. : 7st

Signature of Principal / Head Master

प्रमाणपत्र क्र. /Certificate No.

N2010126-0891-00009-1/1 ORIGINAL

नमुना - 5/Form - 5



महाराष्ट्र शासन
GOVERNMENT OF MAHARASHTRA
आरोग्य विभाग
HEALTH DEPARTMENT
Pune Municipal Corporation
पुणे महानगरपालिका



BIRTH CERTIFICATE

जन्म प्रमाणपत्र

(जन्म व मृत्यू नोंदणी अधिनियम, १९६९ च्या कलम १२/१७ आणि महाराष्ट्र जन्म व मृत्यू 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 मूळ अभिलेखाच्या नोंदवहिन्यात घेण्यात आले आहे.

जी की (स्थानिक क्षेत्र) पुणे, तालुका हवेली, जिल्हा पुणे
महाराष्ट्र राज्याच्या नोंदवहीत उल्लेख आहे.

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) Pune of tahsil/block Haveli of District Pune of Maharashtra State

बाळाचे नाव : अलीमोहंमद

Name Of child :

जन्मदिनांक : 14/04/2009

Date Of Birth :

आईचे पूर्ण नाव : आजुंम वसीम शेख

Name Of Mother :

बाळाचे जन्माचे वेळी

आई वडिलांचा पत्ता :

Address of parents at the time of birth of the child :

लिंग :

Sex :

जन्मठिकाण :

Place Of Birth :

वडिलांचे पूर्ण नाव :

Name Of Father :

आई वडिलांचा कायमचा पत्ता :

Permanent address of Parents :

नोंदणी क्र. :

Registration No. :

शेरा :

Remarks (if any) :

प्रमाणपत्र दिल्याचा दिनांक :

Date of Issue :

नोंदणी दिनांक :

Date of Registration : 20/04/2009

निर्मित करणाऱ्या प्राधिकाऱ्याची सही

Signature of the issuing authority

प्राधिकाऱ्याचा पत्ता

Address of the issuing authority : Pune Municipal Corporation



प्रत्येक जन्म आणि मृत्यूची घटना नोंदल्याची खात्री करा. Ensure Registration of Every birth and death"