

# DECLARATION BY PARENTS / GUARDIANS

- I have read the Admissions Prospectus carefully and completely.
- I know that it is compulsory for students to participate in all school activities.
- I know the structure of the Enrollment fees, Tution Fees, and other expenses that I shall have to pay towards education of my son / daughter / award and I agree to pay them on time.
- 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

Admission Granted / Not Granted Granted

General Register No. : 712

Date of Admission : 03/05/15

Class : I

Remarks if any : Div. :

Div. :

Head Master

क्रमांक 1  
NO. 1



महाराष्ट्र शासन  
GOVERNMENT OF MAHARASHTRA  
आरोग्य विभाग  
DEPARTMENT OF HEALTH  
नगर परिषद निलंगा  
MUNICIPAL CORPORATION NILANGA

फॉर्म-5  
FORM-5



## जन्म प्रमाणपत्र BIRTH CERTIFICATE

मृत्यु नोंदणी अधिनियम, 1969 च्या कलम 12/17 आणि महाराष्ट्र जन्म आणि मृत्यु नोंदणी नियम, 2000 चे नियम 8/13 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 & DEATHS RULES 2000)

नित करण्यात येत आहे की, खालील माहिती जन्माच्या मूळ अभिलेखाच्या नोंदवहीतून घेण्यात आली आहे, जी की नगर परिषद निलंगा, तालुका निलंगा, जिल्हा महाराष्ट्र राज्या, भारत च्या नोंदवहीत उल्लेख आहे.  
IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR MUNICIPAL CORPORATION NILANGA OF TAHSIL/BLOCK NILANGA OF DISTRICT LATUR OF STATE/UNION TERRITORY MAHARASHTRA, INDIA.

नाम / NAME: JYOTI SHAMRAO FULSUNDAR / ज्योती शामराव फुल्सुंदर

लिंग / SEX: महिला / FEMALE

जन्म तारीख / DATE OF BIRTH: 31-10-2009

जन्म ठिकाण / PLACE OF BIRTH:

JOYATI HOSPITAL NILANGA/ज्योती हॉस्पिटल निलंगा

प्राईचे पूर्ण नाव / NAME OF MOTHER: HAILA SHAMRAO FULSUNDAR / शैला शामराव फुल्सुंदर

वडिलांचे पूर्ण नाव / NAME OF FATHER:

SHAMRAO NARAYAN FULSUNDAR / शामराव नारायण फुल्सुंदर

आधार क्रमांक / MOTHER'S AADHAAR NO: XXXXXXXX3003

आधार क्रमांक / FATHER'S AADHAAR NO: XXXXXXXX4269

वाढाच्या जन्माच्यावेळी आई-वडिलांचा पत्ता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

आई-वडिलांचा कायमचा पत्ता / PERMANENT ADDRESS OF PARENTS:

HASALGAN, AUSA, LATUR, MAHARASHTRA

HASALGAN, AUSA, LATUR, MAHARASHTRA

हसालगण, औसा, लातूर, महाराष्ट्र

हसालगण, औसा, लातूर, महाराष्ट्र

नोंदणी क्रमांक / REGISTRATION NUMBER: 936

नोंदणी दिनांक / DATE OF REGISTRATION: 31-10-2009

टिप / REMARKS (IF ANY):

प्रमाणपत्र दिल्याचा दिनांक / DATE OF ISSUE: 12-2023



निर्गमित करणारे प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म व मृत्यु)  
REGISTRAR (BIRTH & DEATH)  
नगर परिषद निलंगा  
MUNICIPAL CORPORATION NILANGA

DATED ON: 12-2023 12:38:13



"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"  
"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

"प्रत्येक जन्म आणि मृत्यूची घटना नोंदल्याची खात्री करा" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH

