



**TULI PUBLIC SCHOOL**  
**NEAR KORADI CHECK POST, BOKHARA ROAD, NAGPUR**  
**HOSTEL ADMISSION FORM**  
(From Class - IV onwards)

Form No: \_\_\_\_\_

Admission No: \_\_\_\_\_

(To be allotted by the school)

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Name (In Block Letters) \_\_\_\_\_

Class \_\_\_\_\_ Date of Birth (in figures) \_\_\_\_\_

Date of Birth (in Words) \_\_\_\_\_

Nationality \_\_\_\_\_ Sex \_\_\_\_\_ Category: GEN / SC / ST / OBC

Residential Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

**Details of Parents/ Guardian**

**Father**

**Mother**

Name (In Block Letters) \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Income \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone / Mobile No \_\_\_\_\_

In case of legal separation / death of one of the parent, please leave the relevant column and provide details of the same below.

\_\_\_\_\_

\_\_\_\_\_

Signature of Father

Signature of Mother

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**Undertaking from the Local Guardian**

I \_\_\_\_\_ undertake to act as the Local Guardian of Master / Miss \_\_\_\_\_ S/o / D/o, Mr \_\_\_\_\_ studying in Class \_\_\_\_\_ in Tuli Public School, Near Koradi Check Post, Bokhara Road, Nagpur.

I hereby given an undertaking that in case of any sickness, particularly any infectious disease or any emergency, it will be my responsibility to keep the ward with me for the period as directed by the school authorities.

Name (In Block Letters) \_\_\_\_\_

Signature of Local Guardian \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

**Certificate from Parents**

This is to certify that:

- 1) (i) My Son / daughter \_\_\_\_\_ is not in possession of any valuables, jewellery etc. I also undertake that no mobile phone will be given to the ward by me or by local guardians.  
  
(ii) Master / Miss \_\_\_\_\_ is permitted to participate in extra-curricular and other activities like excursions, music / dance events etc. as and when required by the school authorities.
- 2) I hereby indemnify the school against any damages for sickness / accident / death caused to my ward during his / her stay in Tuli Public School Hostel, Near Koradi Check Post, Bokhara Road, Nagpur on account of any mishap that may be caused inadvertently.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical History of the Child**

I, \_\_\_\_\_ Father / Mother / Local Guardian of \_\_\_\_\_

Student, Class \_\_\_\_\_ Admission No: \_\_\_\_\_ hereby confirm that my child / ward is not suffering from

1. Allergy of any item / drug

2. Epilepsy

3. Bronchial Asthma / Bronchospasm

4. Skin Disease

5. Eye / ENT Problem

6. Any Surgery Undergone

7. Any other disease for which the child is on regular medication, or has been on medication for more than one month \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent / Guardian

(Please note that concealing medical history of their ward may result in his / her expulsion from hostel / school)

**MEDICAL CERTIFICATE**

Certified that I have examined Master / Miss \_\_\_\_\_ Class \_\_\_\_\_ and he / she is medically fit / unfit for admission in the Hostel.

Date: \_\_\_\_\_

Place : \_\_\_\_\_

\_\_\_\_\_  
Medical Officer (Name with seal)