

AFFIDAVIT OF INCOME

(To be submitted on a non - judicial stamp paper of Rs. 10/-)

I.....Father/Guardian of
.....(School No.) a student
of Sainik School Khara Kheri, Distt Fatehabad do hereby solemnly declare on oath that my total monthly
income from all sources (Basic pay, Special pay, DA plus income from Pension, land/property, business)
including my wife's income is Rs.....
(Rupees.....) as per the details given below:

	Monthly Income from BASIC PAY Special pay & BASIC PENSION	Monthly Income from DA	Any Special Allowance	Monthly Income From land & property	Monthly income from Business Bonus & Other Sources	Any other Income	Total Income per month
Self							
Wife							
Student							
					Grand Total		

I also guarantee that in case our income is found in excess of the declared above, I shall be liable to refund the entire amount of scholarship awarded to the student and /or to any other penalty as may be imposed by the Sainik Schools Society.

I am a permanent resident of (State) of House No.....village /town Tehsil Distt..... of..... State.

Present Address :

Deponent Signature of Father/Guardian with Date

I further declare that my above statement regarding total monthly income and permanent place of residence is correct to the best of my knowledge and belief and that nothing has been concealed.

Deponent Signature of Father/Guardian with Date

Note :-

- (a) The Agreement Form is to be typed on the Non-Judicial Stamp Paper of Rs 10/- by the Parent/Guardian. The stamp paper is to be purchased from the local revenue office.
- (b) The signature of the Parent/Guardian (deponent) on the agreement bond should be attested by the Oath Commissioner.

Authority: - Sainik Schools Society letter No 30(2)/12/D(SSC) dated 28th Mar 2012

AFFIDAVIT BY PARENT/GUARDIAN

(To be submitted on Non- Judicial stamp paper of Rs 10/-)

1. Mr/Mrs. _____ (full name of parent/guardian) father/ mother/guardian of, (full name of student _____, School No..... /N, having been admitted to SainikSchool Khara Kheri, Distt Fatehabad (Haryana).
2. I am fully aware of what constitutes ragging.
3. I am also fully aware of the penal and administrative action that is liable to be taken against my ward in case he is found guilty of indulging in or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - (a) My ward will not indulge in any behaviour or act that may be constituted as ragging.
 - (b) My ward will not participate in or abet or propagate any act of commission or omission that may be constituted as ragging.
5. I hereby accept that, if found guilty of ragging, my ward is liable for punishment without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging, and further affirm that, in case the declaration is found to be untrue, the admission of ward is liable to be cancelled.

Declared this _____ day of _____ month of two thousand _____ (year).

Signature of deponent

Name _____

Address _____

Mobile No _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) _____ on this the _____ (day) of _____ month two thousand _____ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ day of _____ month of two thousand _____ (year) after reading the contents of this Affidavit.

Oath Commissioner

Note:-

(a) The Agreement Form is to be typed on the Non-Judicial Stamp Paper of Rs 10/-by the Parent/Guardian. The stamp paper is to be purchased from the local revenue office.

(b) The signature of the Parent/Guardian (deponent) on the agreement bond should be attested by the Oath Commissioner

Authority: - Sainik Schools Soicety letter No 30(2)/12/D(SSC) dated 28th Mar 2012

UNDERTAKING BY THE CADET

1. I (Cadet) _____ School No _____ son of /daughter of Shri/Smt. _____, have been admitted to Sainik School Khara Kheri, Distt Fatehabad, (Haryana), am fully aware of what constitutes ragging.

2. I am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of indulging in or abetting ragging, activity or passively, or being part of a conspiracy to promote ragging.

3. I hereby solemnly aver and undertake that

- (a) I will not indulge in any behavior or act that may be constituted as ragging.
- (b) I will not participate in or abet or propagate through any act of commission or omission any act that may be constituted as ragging.

4. I hereby affirm that, if found guilty of ragging, I am liable for punishment without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

Declared this _____ day of _____ month of two thousand _____ (year).

Signature of deponent (Cadet)
Name _____

VERIFICATION

Verified that the contents of this undertaking are true to the best of my knowledge and no part of the same is false and nothing has been concealed or misstated therein.

Verified at _____ place on this the _____ day of _____ month of two thousand _____ (year).

Signature of deponent (Cadet)
Name _____

STUDY CERTIFICATE (FOR CLASS VI)

Certified that the information given below are correct in respect of _____

(Name of Student) who is studying in Class V in _____

(Name of School) and provisionally selected for Sainik School _____

Name of Candidate (IN BLOCK LETTERS) _____

Father's Name (IN BLOCK LETTERS) _____

Mother's Name (IN BLOCK LETTERS) _____

Name of the Guardian and relationship, if any. _____

Gender Please put (√) mark	Boy	Girl	Date of Birth (As per school records)	D	D	M	M	Y	Y	Y	Y
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category Please put (√) mark	Gen.	OBC	SC	ST
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aadhaar Number of the candidate:

Address: Mobile No:

E-mail ID

Identification mark of Candidate _____

Annual Income of Parents _____ Nationality _____ Religion _____

Particulars	Class- III	Class-IV	Class-V
Name of the School (studied-III & IV and Studying V) and place			
School Location: Rural /Urban			
Month and Year of Joining			
Month & year of Passing			
Name of the Tehsil/Block			
Name of the District			
Name of the State			

I certify that the school(s) in which my ward studied/studying is a recognized school and fulfills all the eligibility criteria as per requirements of Sainik Schools. I certify that the above information is correct and submitted voluntarily. If any of the information provided is found to be wrong, the candidature of my ward will be forfeited at any stage even after admission in Sainik School _____. I also submit that no change in aforesaid data shall be requested by me in future and the data submitted shall be treated as final.

Signature of the candidate with date	Signature of the Parent with date

The above details of candidate are verified from school records and found correct.

Place:
Date:

Signature of Principal/Headmaster with Seal

STUDY CERTIFICATE (FOR CLASS IX)

Certified that the information given below are correct in respect of _____

(Name of Student) who is studying in **Class VIII** in _____

(Name of School) and provisionally selected for Sainik School _____

Name of Candidate (IN BLOCK LETTERS) _____

Father's Name (IN BLOCK LETTERS) _____

Mother's Name (IN BLOCK LETTERS) _____

Name of the Guardian and relationship, if any. _____

Gender

Please put (√) mark

Boy	Girl
<input type="checkbox"/>	<input type="checkbox"/>

Date of Birth

(As per school records)

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Category

Please put (√) mark

Gen.	OBC	SC	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aadhaar Number of the candidate: -

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address: _____

Mobile No: _____

E-mail ID: _____

Identification mark of Candidate: _____

Annual Income of Parents: _____

Nationality _____

Religion _____

Particulars	Class- VI	Class-VII	Class-VIII
Name of the School (studied-VI & VI and Studying VIII) and place			
School Location: Rural /Urban			
Month and Year of Joining			
Month & year of Passing			
Name of the Tehsil/Block			
Name of the District			
Name of the State			

I certify that the school(s) in which my ward studied/studying is a recognized school and fulfills all the eligibility criteria as per requirements of Sainik Schools. I certify that the above information is correct and submitted voluntarily. If any of the information provided is found to be wrong, the candidature of my ward will be forfeited at any stage even after admission in Sainik School. I also submit that no change in aforesaid data shall be requested by me in future and the data submitted shall be treated as final.

Signature of the candidate with date

Signature of the Parent with date

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The above details of candidate are verified from school records and found correct.

Place:

Date:

Signature of Principal/Headmaster with Seal

SAINIK SCHOOL KHARA KHERI

BIO DATA

(To be submitted at the time of admission)

1.	Name of the student : _____ (In Block Letters)	Attested Photograph of Student
2.	School No. _____ House _____ Class _____	
3.	Date of Birth (in figures) : _____ Date of Birth (in words) : _____	
4.	Father's Name : _____	Attested Photograph of Father
5.	Father's Occupation : _____ (Rank if in Def) _____	
6.	Mother's Name : _____	
7.	Mother's Occupation : _____	
8.	Residential Address : _____ : _____	Attested Photograph of Mother
9.	Correspondence Address : _____ : _____	
10.	Nearest PO & Telegraph Office : _____	
11.	Nearest Bus Stand : _____	Attested Photograph of Guardian
12.	Distance from Bus Stand : _____	
13.	Nearest Railway Station : _____	
14.	Distance from Railway Station : _____	Attested Photograph of Guardian
15.	Official address with telephone number : _____ : _____	
16.	Details of Siblings: (a) Brother's Name : (i) _____ Age _____ Yrs : (ii) _____ Age _____ Yrs (b) Sister's Name : (i) _____ Age _____ Yrs : (ii) _____ Age _____ Yrs	
17.	Specimen signature of (a) Father / Guardian : _____ (b) Mother : _____ (c) Elder Brother/Sister : _____	
18.	Name and address of Local Guardian, if any: _____	
19.	Relationship with student : _____	
20.	Specimen Signature of local guardian : _____	
21.	Mobile no. of Father _____ Mother _____ Guardian _____	

Date :

Signature of Father/Guardian

SAINIK SCHOOL, KHARA KHERI
DATA SLIP

1. Name : _____
2. Date of Birth : _____
3. School No. : _____
4. House Name : _____
4. Date of Admission : _____
5. Blood Group : _____
6. Aadhar Number : _____
7. Identification Marks (a) : _____
(b) : _____
8. Bank Details : A/C No : _____
Name of Bank : _____
Branch Name with Code : _____
IFSC Code : _____
(Attach photocopy of first page of bank pass book)
9. Father's Name : _____
10. Mother's Name : _____
11. Permanent Address : _____
: _____
: _____
12. Correspondence Address : _____
: _____
: _____
13. Mobile No : _____
14. Whatsapp No : _____

Date :

Signature of Student

Signature of Father/Guardian

Authority :- Sainik Schools Soicety Rule Book Appendix 'C'

Agreement to be executed by Parents/Guardians of students selected for admission in SainikSchool,

Khara Kheri Distt Fatehabad (Haryana)

(on a Non - Judicial stamp paper of Rs.10/-)

1. This agreement is made on this day of (month & year) between of (hereinafter called the Guarantor which expression shall, unless excluded by the context or the meaning thereof, deemed to include his heirs, executors, administrators & Legal representative), of the one part and the Board of Governors Sainik Schools Society (hereinafter called the Governors, which expression shall unless excluded by the context or the meaning thereof, be deemed to include the Principal of Sainik School Khara Kheri of the other part.

2. Whereas School No S/o (hereinafter called the student) is son/ward of the guarantor and has at the request of the guarantor been selected for admission to Sainik School Khara Kheri interalia on the terms and conditions herein after appearing for the purpose of receiving education with a view to make the Regular Armed Forces as his profession in life if considered by the appropriate authority to be suitable and if there is any vacancy and if he be selected.

3. Now it is hereby agreed by and between the parties hereto as follows :-

4. That in consideration of the student being admitted by the Governors to the Sainik School for the purpose of the aforesaid education at the request of the guarantor, he the guarantor covenants with the Governors that the student will attend the Sainik School regularly and will observe and comply with all the rules and regulations thereof for the prescribed period or until he is declared fit for admission to any institution as may from time to time be prescribed by the Governor for training for entry to the Regular Armed Forces and that he, the Guarantor shall pay to Governors regularly and promptly and whenever called upon to do so all the fees as prescribed if he is not in receipt of any scholarship or part thereof.

5. That if for any reason, not beyond the control of either the student or the guarantor the student fails to pursue his studies at the said school before appearing for selection for entry to any institution as may from time to time be prescribed by the Governors for training for entry to the regular Armed forces or fails to appear for the entry to or in the event of his not succeeding in the said selection fails to reappear for selection till such time as his age permits him to do so according to the rules and regulations for the time being in force or having been successful at the said selection does not proceed to one of the said institutions to which he may be directed to proceed for being trained for entry into the regular Armed Forces, or having joined the said institution fails to complete training thereafter entry into the Regular Armed Forces or fails to join Regular Armed Forces after completing the training at the said institution then and in any such case the guarantor shall forthwith pay to the Governors in cash the sum the student has received from the school and/or the State Government/Central Government the value of the scholarship he has received for the period the student was at the said school.

6. That if after admission any of the following viz proof of 'Domicile Certificate', certificate of age, School Leaving Certificate, Medical Certificate and Statement of Income supplied by the guarantor is found to be false in any way or not in order, the guarantor shall forthwith pay to the Governors in cash the student has received from the school and/or the State Govt./Central Govt./U.T. the value of the scholarship he has received for the period the student was at the said school.

7. That if after admission the student is found to be medically unfit in any way at the time

which might, according to the opinion of the appropriate medical authorities render him unfit for his future entry to the Regular Armed Forces, the student will be withdrawn at once, but it would be open to the guarantor to retain him in the school on payment of the full fee prescribed by the Governors from date the student is found medically unfit.

8. In any case if the student is withdrawn the school fee will not be refunded.

9. That the Governors will not be liable for any damages / charges on account of injuries, fatal or otherwise which may be sustained by the student at any time during his stay in the school while taking part in sports, NCC extracurricular or any other form of activities of the school, within or outside the school premises including educational tours, excursion, treks undertaken through any mode of travel. All expenses that may be incurred in treatment of such injuries will be borne by the parents/guardians as provided in the rules of the said school.

10. That the Principal can in the interest of the school have the student removed if, in the Principal's opinion, the student has failed to accept the discipline of the school and his continued presence is detrimental to the interest of the other students and/or the student fails to come up to the academic standard of his class and when detention in the same class would make the student over age for entry into National Defence Academy.

11. In the event of any question, dispute or difference arising under this agreement (except as to any matters the decision of which is specially provided for in this agreement) the same shall be referred to the sole arbitration of an officer appointed by the Board of Governors, Sainik Schools whose decision shall be final. It will be no objection that the arbitrator is a Government Servant and that he had to deal with matters to which the contract. In the event of arbitrator retiring or being unable to act for any reason it shall be lawful for the Governors to nominate another arbitrator.

12. Subject as aforesaid, the Arbitration Act, 1940 and the rules framed there - under any statutory modifications there to, shall apply to the arbitration proceeding under this clause. In the event of any dispute of difference arising between the parties the same shall be subject to the jurisdiction of courts at Fatehabad only.

13. In witness whereof has set his hand and _____ the Principal, Sainik School Khara Kheri by the order and direction of the Board of Governors has set hand the day and the year first above written .

Signed by
Parents
In the presence of
(See note (b) below)

Signed by
for and on behalf of the
Sainik School Society

(Signature of Gazetted Officer)

Notes:-

1. The agreement form is to be duly stamped; the necessary stamp paper is to be purchased by the guarantor from the local Revenue Officer.
2. The signature of the guarantor is to be witnessed by any Government servant of gazetted status.
3. The space provided for the date in the 1st para of the agreement form should not be filled in by the guarantor. This will be filled on the date on which the agreement will be signed by the Principal Sainik School, Khara Kheri.

FORMAT FOR INCOME CERTIFICATE

File No: _____

Date: _____

1. Name of candidate :
2. Father's / Mother's Name :
3. Occupation of Father / Mother :
4. Domicile State:
5. Residential Address :
6. Annual Family Income : Rs. _____
(Financial Year 2023-24) : (in words _____)
7. Date of issue :

This Income Certificate has been issued on the report of the Patwari of the area of candidate's residence.

Round stamp of officer of
Tehsildar/Issuing Authority

Signature of Tehsildar/Issuing Authority
With date stamp

Note: The Income Certificate must be issued by the Revenue Officer not below the rank of Tehsildar from area of residence of the candidate. The Income Certificate must include Income from all sources of the family for the Financial Year 2022-23 and must have been issued on or after April 01, 2023.

**Personal clothing to be provided by the parents/guardians at the time of joining the school
(For Girls)**

Sr No	Items	Quantity
1.	Metal Trunk Box: Length 36", width 18", height 15" (Black Painted with Name on right side with white colour)	1
2.	Locks with three keys (ISI) with key rings	3
3.	Bed Sheets White with pillow cover	2 Pair
4.	Khesh Cotton	1
5.	Night Suit (White Kurta Payjama)	2 Pair
6.	Shorts (Navy Blue) Sports	3
7.	Bathroom Slippers	1
8.	Plain Red T-Shirt (Collar neck)	3
9.	Sports Shoe (Black)	1
10.	Innerwear Baniyan	8
11.	Sports Bra	4
12.	Sanitary Pads	4 Pkt
13.	Underwear V Shape	8
14.	Socks White (Plain)	4 Pair
15.	Socks Black (Plain)	4 Pair
16.	Handkerchief White (Rumal)	12
17.	Black Belt Leather	1
18.	Boot Polish Cherry and Brush	1
19.	Air Bag (for travelling)	1
20.	Towel (Large)	2
21.	Hair Oil and Comb	1 each
22.	Tooth Brush & paste	1 each
23.	Bath Soap and Soap Dish	4
24.	Washing Soap	4
25.	Soap Dish	1
26.	Nail Cutter	1
27.	Cloth Brush Plastic (For washing)	1
28.	Permanent Marker	1
29.	Plastic Bucket with Mug	1
30.	Hangers	8
31.	Water Bottle, Milton 1 Liter	1
32.	Football Shoe (Optional)	1
33.	Pillow Foam	1
34.	Cloth Clips	12
35.	Talcum Powder	1
Private Clothing Items to be brought after Diwali Break		
36.	Hold all	1
37.	Razai	1
38.	Razai Cover	2
39.	Jersey Full/Half Sleeve Blue Colour	1
40.	Jacket Blue Colour	1
41.	Monkey cap / Balkalawa (Blue/Black colour)	1
42.	Moisturizer Cream	1
43.	Mustard Oil	1
Other Essential Items		
44.	Passport size photograph	15
45.	Family Photograph	2
46.	Pen, pencil, geometry box, other stationary items (if any)	As per requirement
47.	Photo of Parents & Guardian	6 each

Personal clothing to be provided by the parents/guardians at the time of joining the school**(For Boys)**

Sr No	Items	Quantity
1.	Metal Trunk Box: Length 36", width 18", height 15" (Black Painted with Name on right side with white colour)	1
2.	Locks with three keys (ISI) with key rings	3
3.	Bed Sheets White with pillow cover	2 Pair
4.	Khesh Cotton	1
5.	Night Suit (White Kurta Payjama)	2 Pair
6.	Shorts (Navy Blue) Sports	3
7.	Bathroom Slippers	1
8.	Plain Red T-Shirt (Collar neck)	3
9.	Sports Shoe (Black)	1
10.	Vest Plain Sleeveless White V Neck (Baniyan)	8
11.	Underwear V Shape (Kacha)	8
12.	Socks White (Plain)	4 Pair
13.	Socks Black (Plain)	4 Pair
14.	Handkerchief White (Rumal)	12
15.	Black Belt Leather	1
16.	Boot Polish Cherry and Brush	1
17.	Air Bag (for travelling)	1
18.	Towel (Large)	2
19.	Hair Oil and Comb	1 each
20.	Tooth Brush & paste	1 each
21.	Bath Soap and Soap Dish	4
22.	Washing Soap	4
23.	Soap Dish	1
24.	Nail Cutter	1
25.	Cloth Brush Plastic (For washing)	1
26.	Permanent Marker	1
27.	Plastic Bucket with Mug	1
28.	Hangers	8
29.	Water Bottle, Milton 1 Liter	1
30.	Football Shoe (Optional)	1
31.	Pillow Foam	1
32.	Cloth Clips	12
33.	Talcum Powder	1
Private Clothing Items to be brought after Diwali Break		
34.	Hold all	1
35.	Razai	1
36.	Razai Cover	2
37.	Jersey Full/Half Sleeve Blue Colour	1
38.	Jacket Blue Colour	1
39.	Monkey Cap / Balkalawa (Blue/Black Colour)	1
40.	Moisturizer Cream	1
41.	Mustard Oil	1
Other Essential Items		
42.	Passport size photograph	15
43.	Family Photograph	2
44.	Pen, pencil, geometry box, other stationary items (if any)	As per requirement
45.	Photo of Parents & Guardian	6 each



सैनिक स्कूल सोसाइटी
SAINIK SCHOOLS SOCIETY

Self-attested
Photograph of the
candidate is to be
securely pasted
here.

SAINIK SCHOOL _____

MEDICAL EXAMINATION REPORT

PERSONAL STATEMENTS

1. Name of the candidate in Full (**IN BLOCK LETTERS**): _____
2. Name of the Father/Mother /Guardian (**IN BLOCK LETTERS**): _____
3. Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
4. Age: _____ years _____ months _____ days
5. Gender (Male/Female): _____
6. Blood Group of candidate: _____
7. Identification Marks:
 - (a) _____
 - (b) _____
8. Permanent Address: _____
9. Allotted date of Medical Examination (as per AISSAC 23 portal):

DD	MM	YYYY
----	----	------
10. Allotted Place of Medical Examination (as per AISSAC 23 portal): _____

11. Family Details:

Name	Relation	If, Alive		If, Expired	
		Age (Years)	Health	Cause of Death	Year of Death
	Father				
	Mother				
	Grandfather				
	Grandmother				
	Brother/Sister				
	Brother/Sister				
	Brother/Sister				

AISSEE 2023 Application Number.....

14. Have you ever suffered from any of the following?

Illness	Yes or No	If yes, at what age?	Illness	Yes or No	If yes, at what age?
Chronic Bronchitis/Asthma			Discharge from ears		
Pleurisy/Tuberculosis			Any other Ear Disease		
Rheumatism/Frequent sore throats			Frequent Cough & cold/Sinusitis		
Chronic Indigestion			Nervous Breakdown/Mental illness		
Kidney/Bladder trouble			Fits/Fainting Attacks		
STD			Severe Head Injury		
Jaundice			(For Female candidates only)		
Air, Sea, Car, Train Sickness			Breast Disease / Discharge		
Trachoma			Amenorrhea / Dysmenorrhea		
Night Blindness			Menorrhagia		
Laser Treatment/surgery for Eye			Pregnancy		
Any other Eye disease			Abortion		

15. Have you ever been admitted for any illness, operation or injury? If so, state the nature of disease and duration of stay in hospital.

S No	Nature of Disease (in brief)	Duration of Stay in Hospital

16. Any other information you want to give about your health.....

.....

.....

.....

17. Details of Vaccinations (attach vaccination card for reference): -

Recommended Age	Vaccine	Dose	Yes/No	If Yes, Date of Vaccination
Birth	BCG	Single Dose		
	OPV	Zero Dose		
	Hep B	Birth Dose		
6 Weeks	(DTaP + Hib + IPV) + Hep B or (DTwP + Hib + Hep B) + OPV	1 st Dose		
	PCV (Pneumococcal Conjugate)	1 st Dose		
10 Weeks	(DTaP + Hib + IPV) + Hep B or (DTwP + Hib + Hep B) + OPV	2 nd Dose		
	PCV (Pneumococcal Conjugate)	2 nd Dose		
	Rotavirus (Rotarix)	2 nd Dose		
14 Weeks	(DTaP + Hib + IPV) + Hep B or (DTwP + Hib + Hep B) + OPV	3 rd Dose		
	PCV (Pneumococcal Conjugate)	3 rd Dose		
9 Months	Measles, OPV, JE-1, Vitamin A	1 st Dose		
12 Months	Hepatitis A	1 st Dose		
15 Months	MMR (Measles + Mumps + Rubella)	1 st Dose		
	Varicella (Chicken Pox)	1 st Booster		
	PCV (Pneumococcal Conjugate)	1 st Booster		
16-18 Months	DTaP + Hib + IVP or (DTwP + Hib) + OPV	1 st Booster		
	JE – 2	2 nd Dose		
	Vitamin A (2 nd to 9 th Dose, every 6 months up to the age of 5 years)	2 nd Dose		
18 Months	Hepatitis A	2 nd		
2 Years	Typhoid	1 st		
4 ½ -5 Years	Dtap / DTwP / OPV	2 nd Booster		
	MMR	2 nd Booster		
	Varicella	2 nd Booster		
	Typhoid	2 nd Booster		
10-12 Years	Tda / Td	3 Doses		
	HPV (0, 1 & 6) for girls	3 Doses		
Any Other Vaccination given, not mentioned above				

AISSEE 2023 Application Number.....

18. **Declaration.** I hereby declare that I have provided all details to the best of my knowledge about my family and personal health and that the information given is true to the best of my knowledge. If any of the information provided is found to be wrong, the candidature of my ward will be forfeited at any stage even after admission in Sainik School_.

Signature of Candidate:.....

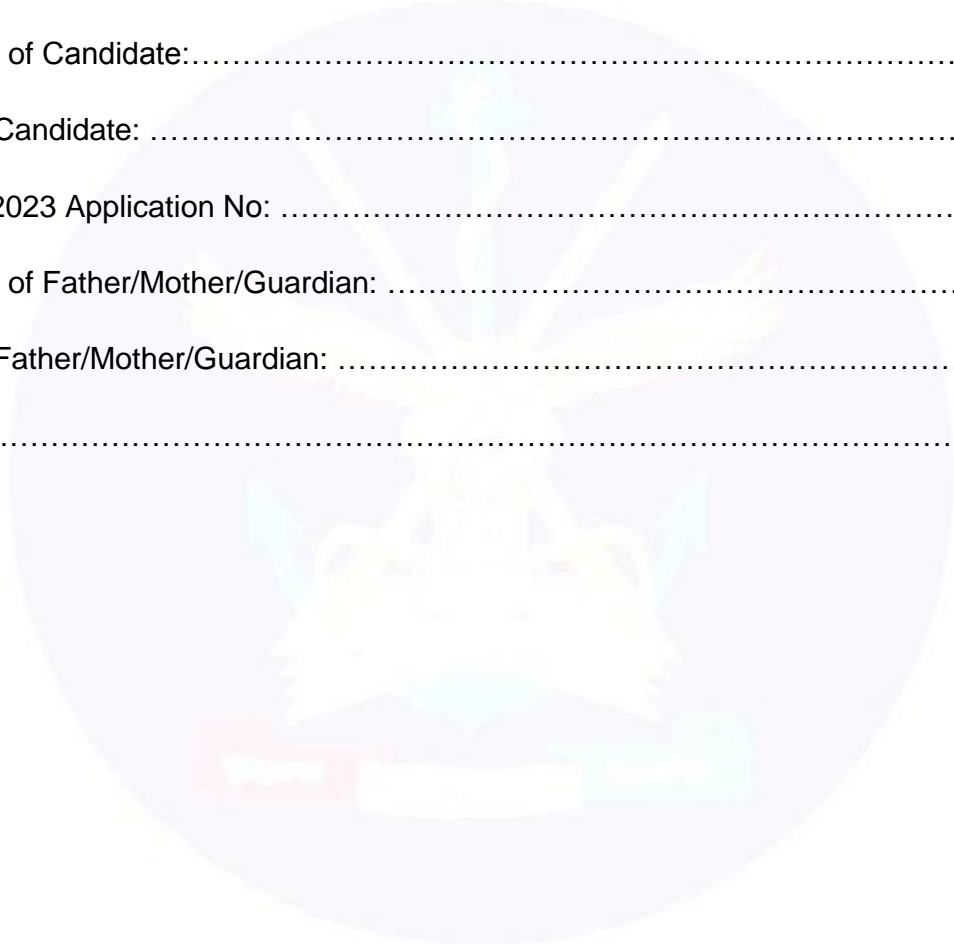
Name of Candidate:

AISSEE 2023 Application No:

Signature of Father/Mother/Guardian:

Name of Father/Mother/Guardian:

Date:



सैनिक स्कूल सोसाइटी

SAINIK SCHOOLS SOCIETY

MEDICAL EXAMINATION FORM**1. MEDICINE**

(a) Height without shoes _____ Cms		(b) Weight (actual) _____ Kg		
(c) Urine Examination	Appearance	Albumin	Sugar	Sp. Gravity
(d) Blood Examination	(i) Hb gm%		(ii) Any other investigation carried out	
(e) Physique				
(f) Skin				
(g) Abdomen (Liver & Spleen)				
(h) Cardiovascular System (Heart Size, Sounds, Rhythm, Arterial Walls, Pulse Rate and BP)				
(i) Respiratory System (including X-ray examination when applicable)			Chest measurements	
			Full Expiration - _____ Cms	
			Range of expansion _____ Cms	
(j) Central Nervous System			Self-Balancing	
			R	
			L	
(k) Speech, Mental capacity & Emotional stability				
(l) Endocrine conditions				
(m) Any other abnormalities or conditions affecting physical capacity not already noted				
Note :- As per Sainik Schools Society Rules and Regulations 1997, no standards of height, weight and chest measurement will be applicable at the time of admission for Sainik Schools				

It is certified that:-		
S No	Test	Remarks of Medical Specialist
1.	There is no evidence of weak constitution imperfect development, serious malformation, or obesity	_____
2.	There is no malformation of the head, deformity from fracture or depression of the boned of the skull	_____
3.	There is no sign of functional or organic disease of the heart and blood vessels.	_____
4.	There is no evidence of pulmonary tuberculosis or previous history of this disease or any other chronic disease of the lungs	_____
5.	There is no fistula and / or fissure of the anus of evidence of hemorrhoids	_____
6.	There is no disease of the kidneys. All cases of Glycosuria and Albuminuria will be rejected	_____
7.	There is no disease of the skin unless temporary or trivial. Scars which by their extent or position cause or are likely to cause disability or marked disfigurement are a cause for rejection.	_____
8.	There is no active latent or congenital venereal disease.	_____
9.	There is no history or evidence of mental disease of the candidate or his family. Candidates suffering from epilepsy, incontinence of urine or enuresis will not be accepted.	_____
10.	There is no impediment of speech	_____
Remarks		
Date		Signature of Medical Specialist

2. SURGERY: -

(a) Upper Limbs (Fingers, hand wrists, elbows, shoulder girdles, cervical and dorsal vertebrae)
(b) Lower Limbs (Hallux valgus rigidus, flat feet, joints, pelvis) & Gait
(c) Lumbar and sacral vertebrae, coccyx and varicose veins
(d) Genito-urinary and perineum (Hydrocele, varicocele, undescended testes and haemorrhoids)
(e) Hernia & Muscle
(f) Breast

It is certified that :-

S No	Test	Remarks of Surgery Specialist
1.	<p><u>Flat Feet:</u> - The candidate is passing the Flat Feet test as per the examination mentioned below:-</p> <p>(a) <u>Method of examination.</u></p> <p>(i) The candidate will be examined bare footed standing erect and the presence or absence of normal arch of the feet should be noted.</p> <p>(ii) Candidate should be asked to stand on toes with the feet and heels kept separated and the restoration or otherwise of the arch noted.</p> <p>(iii) Candidate should be made to skip on forefoot and the suppleness and springiness of the feet observed. Tarsal joints will be examined for suppleness or movements.</p> <p>(b) <u>Acceptable for admission.</u></p> <p>(i) Milder degrees of flat foot where the arches of the feet are restored on standing on toes, with supple and painless feet should not be a bar to acceptance.</p> <p>(ii) Degrees of flat foot where the arch does not re-appear on standing on toes and where the feet are rigid should be a permanent cause for rejection.</p>	

2.	<p><u>Knock Knee.</u> The candidate is passing the Knock Knee test as per the examination mentioned below: -</p> <p>(a) <u>Method of Examination.</u></p> <p>(i) The candidates will be examined standing erect.</p> <p>(ii) The knee joints will be kept fully extended with feet parallel and the patella facing directly forward.</p> <p>(iii) The distance between the medical malleoli will be measured with medical femoral condyles touching each other.</p> <p>(iv) Any associated deformity of the feet or hip or genu recurvatum will be looked for at the same time.</p> <p>(b)</p> <p>(i) Milder degree of knock knee when the distance between the malleoli is not more than two inches will not be a bar to acceptance provided there is no other associated disability. This will be considered as a minor disability and recorded as such. The candidates should be able to stand to attention with shoes or boots without flexing over lapping of either knee.</p> <p>(ii) Marked degrees of knock knee with the distance between the malleoli more than two inches will be unfit for acceptance.</p> <p>(iii) If a candidate is able to stand to attention without flexion of knees irrespective of any intermalleolar measurements, such candidates can safely be declared as fit.</p>	
3.	There is no maldevelopment or impairment of function of the bones or joints: X ray spline will be taken to find out maldevelopment.	
4.	There is no enlarged gland due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal.	
<p>Note: Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND RADIOLOGICALLY CLEAR.</p>		
5.	There is no evidence of any disease of the digestive system including any abnormality of the liver and spleen and there is no abdominal tenderness or palpation.	
6.	Inguinal hernia (unoperated) or tendency thereto will be a cause for rejection	

AISSEE 2023 Application Number.....

	Note: In the case of candidates who have been operated for hernia, they may be declared fit provided.	
	(i) One year has elapsed since the operation (Documentary proof is to be furnished by the candidate)	_____
	(ii) general tone of the abdominal musculature is good; and	_____
	(iii) there has been no recurrence of the hernia or complication connected with the operation	_____
7.	There is no hydrocele or definite varicocele or any other disease or defect of the genital organs.	_____
Note:		
	(i) A Candidate who has been operated for a hydrocele will be accepted if there are no abnormalities of the cord and testicle and there is no evidence of filariasis:	
	(ii) Undescended intra-abdominal testicle on the one side should not be a bar to acceptance or candidates of admission to Sainik School provided the other testicle is normal and there is no untoward physical or psychological effect due to the anomaly. Undescended testis retained in the inguinal canal or at the external abdominal rind however may be a bar to acceptance unless corrected by operation	
8.	There is no fistula and / or fissure of the anus of evidence of hemorrhoids.	_____
Remarks		
Date		Signature of Surgery Specialist

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3. EYE:-

(a) Distant Vision	R	L	(b) Near Vision	R	L	(c) CP
Without Glasses			Without Glasses			
With Glasses			With Glasses			
(c) Any evidence of Trachoma/its complications or any other disease.						
(d) Binocular Vision & Grade						
SPECIAL EXAMINATION WHEN APPLICABLE						
Manifest Hypermetropia, Myopia R& L			Cover Test			
Diaphragm Test (PD Moddow Wing Test)			Fundi & Media			
Fields			Night Visual Capacity			
Convergence		C	Cms	Accommodation		R
		SC	Cms			L

It is certified that: -		
S No	Test	Remarks of Eye Specialist
1.	<p>Candidate is having the eyes Standards as mentioned below for Sainik Schools:</p> <p>Standard –I 6/6 & 6/6 Standard –II Uncorrected VA 6/18 & 6/18 BCVA. 6/6 & 6/6 Myopia ≤ -1.25 D Sph, including max astigmatism $\leq \pm 0.5$ D Cyl Hypermetropia $\leq +1.25$ D Suh, including max astigmatism $\leq \pm 0.5$ D Cyl LASIK & equivalent not permitted. Colour vision - CP II</p>	_____
2.	There is no squint or morbid condition of the eye of the lids which is liable to a risk of aggravation or recurrence; and	_____
3.	There is no active trachoma or its complication and sequela.	_____
Remarks		
Date: _____		
Signature of Eye Specialist		

4. EAR, NOSE & THROAT:

(a) Ear			
(i) Hearing	R	L	Both
FW	Cms	Cms	Cms
CV			
(ii) External Ear (wax)	R	L	
(iii) Middle ear (Tympanic Membrane & Eustachian Tube)			
(iv) Inner Ear (Cochlea & Vestibular Apparatus)			
(v) Audiometry Record (Special exam when applicable)			
(b) Nose			
(c) Throat			

It is certified that: -		
S No	Test	Remarks of ENT Specialist
1.	<p>The candidate passing the hearing test mentioned below:-</p> <p>Hearing will be tested by speech-test. Where required audiometric records will also be taken.</p> <p>Speech test. The candidate should be able to hear forced whisper with each ear separately standing with his back to the examiner at a distance of 610 cms, in a reasonable quiet room. The examiner should whisper with the residual air, at the end of an ordinary expiration.</p> <p>Audiometric Records. The Candidate will have no loss of hearing in either ear at frequency 128 to 4096 cycles per second (Audiometry reading between +10 and -10).</p>	_____
2.	<p>There is no impaired hearing, discharge from or disease in either ear, unhealed perforation of the tympanic membranes or signs of acute or chronic suppurative otitis-media or evidence of radical or modified radical mastoid operation</p>	_____
<p>Note: A soundly healed perforation without any impairment of the mobility of the drum and without impairment of hearing should not be a bar to acceptance.</p>		

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3.	There is no disease of the bones or cartilages of the nose or nasal polypus or disease of the nasopharynx and accessory sinuses.	_____
4.	There is no enlarged gland due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal.	_____
Note: Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND RADIOLOGICALLY CLEAR.		
5.	There is no disease of the throat palate, tonsils or gums or any disease or injury affecting the normal function of either mandibular joint.	_____
Note: Simple hypertrophy of the tonsils, if there is no history of attacks of tonsillitis is not a cause for rejection.		
Remarks		
Date: _____		
Signature of ENT Specialist _____		

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5. DENTAL

(a) Total No of Teeth	Missing / Unsavaeable Teeth	
(b) Total Defective Teeth	U. R. 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 U.L
(c) Total Dental Points	L. R. 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 L.L
(d) Condition of Gums	Missing teeth to be indicated by Horizontal line (_) and Unsavaeable Teeth by a Cross (X) through the appropriate number	

It is certified that: -

S No	Test	Remarks of Dental Surgeon
1.	<p>Dental condition of the candidate is as per the standard mentioned below: -</p> <p>Dental Conditions. It should be ensured that a sufficient number of natural and sound teeth are present for efficient mastication.</p> <p>(a) A Candidate must have minimum of 14 dental points to be accepted as fit. In order to assess the dental condition of an individual, points are allotted as under for teeth in good apposition with corresponding teeth in the other jaw.</p> <p>(i) Central incisor, lateral incisor, canine, 1st and 2nd premolars and underdeveloped third molar 1 point each.</p> <p>(ii) 1st and 2nd molar and fully developed third molar 2 points each. When all 32 teeth are present there will be a total count 22 points.</p> <p>(b) The following teeth in good functional apposition must be present in each jaw:</p> <p>(i) any four of the six anterior</p> <p>(ii) Any six of the ten posteriors</p> <p>(c) Candidates suffering from severe pyorrhea will be rejected. Where the state of pyorrhea is such that if the opinion of the Dental Officer is that it can be cured without extraction of teeth, the candidates may be accepted.</p>	

Remarks

Date:

Signature of Dental Surgeon

AISSEE 2023 Application Number.....

6. GYNAECOLOGY (For female candidates)

(a) Mensural History	(b) LMP
(c) No of Pregnancies	(d) No of Abortions
(e) No of Children	(f) Date of last conception
(g) Vaginal Discharge	(h) Prolapse
(h) USG Abdomen	
Remarks	
Date:	Signature of Gynecologist

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REMARKS OF MEDICAL BOARD

It is certified that _____ (Name of Candidate)
 son of/daughter of _____ (Name of
 Father/Mother/Guardian) has been examined by a Medical Board of above mentioned Doctors as per
 the medical standards laid down in this proforma and he/she is found **FIT / UNFIT** _____
 for admission to **Sainik School** _____ as a cadet.

If candidate is found **UNFIT**, reason/s for same.....

.....

Place:

Date

(SEAL)

CMO / Civil Surgeon

NOTED BY CANDIDATE AND PARENTS/GUARDIAN

Name of Candidate		Signature of Candidate	
Name of Father/Mother /Guardian		Signature of Father/Mother/ Guardian	
Date		Date	

(Appx K)

**UNDERTAKING BY PARENTS / GUARDIANS IN CONNECTION WITH
REALISATION OF ENHANCED SCHOOL FEES IN RESPECT OF THEIR SON /
DAUGHTER / WARD**

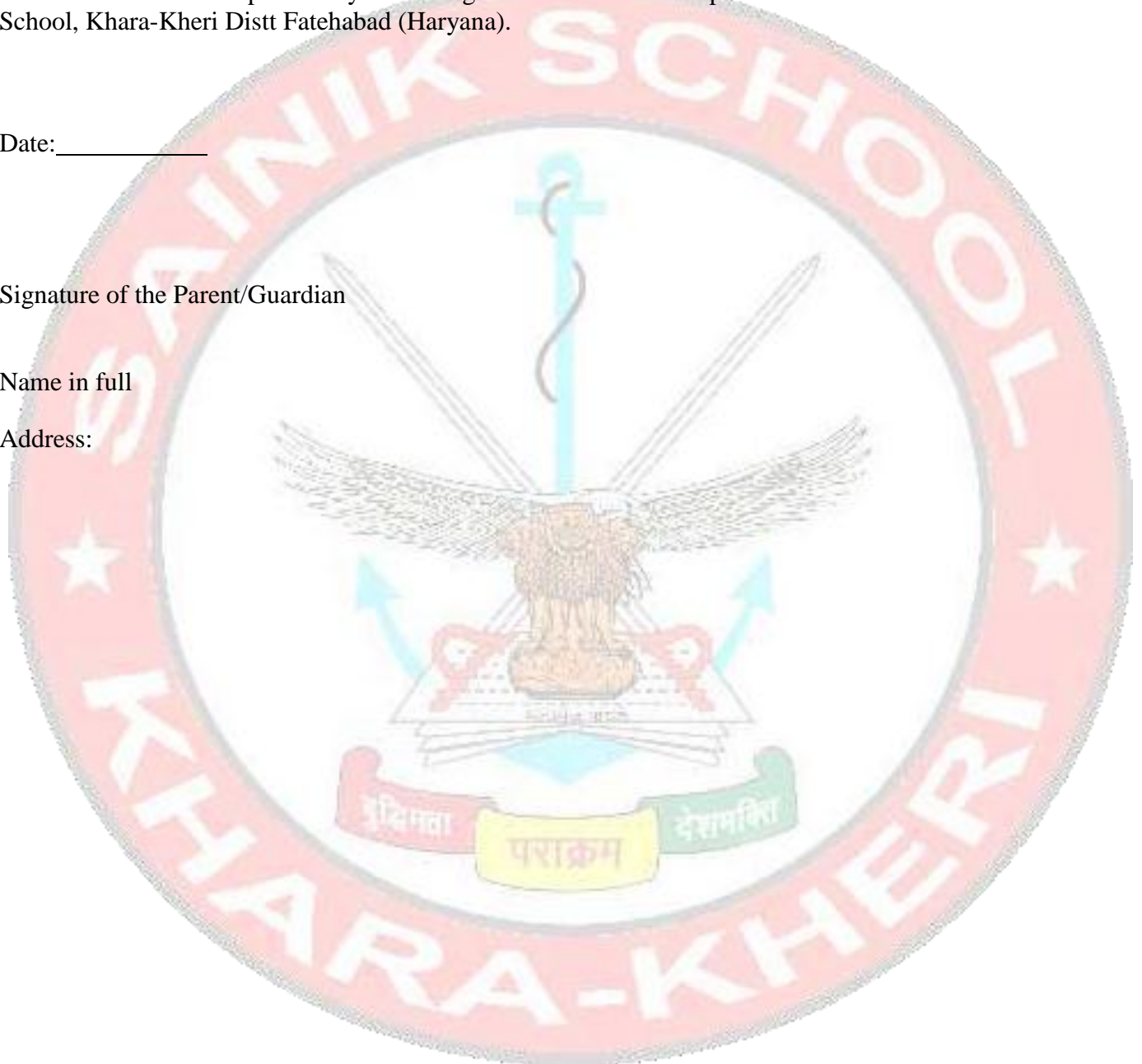
I, _____ Father / Guardian of School No _____ Master/ Miss
_____ do hereby undertake to pay the increase in School Fees as revised by the
School from time in respect of my son / daughter /ward till the completion of his /her studies in Sainik
School, Khara-Kheri Distt Fatehabad (Haryana).

Date: _____

Signature of the Parent/Guardian

Name in full

Address:



**FORMAT OF THE SERVING CERTIFICATE
(FOR SERVING DEFENCE CATEGORY PERSONNEL)**

This is to certify that No.....Rank.....
Name.....Father/Mother
of.....is currently in service in
the.....(Indian Army/Indian Navy/Indian Air Force) and his /her
address of residence is as mentioned below:

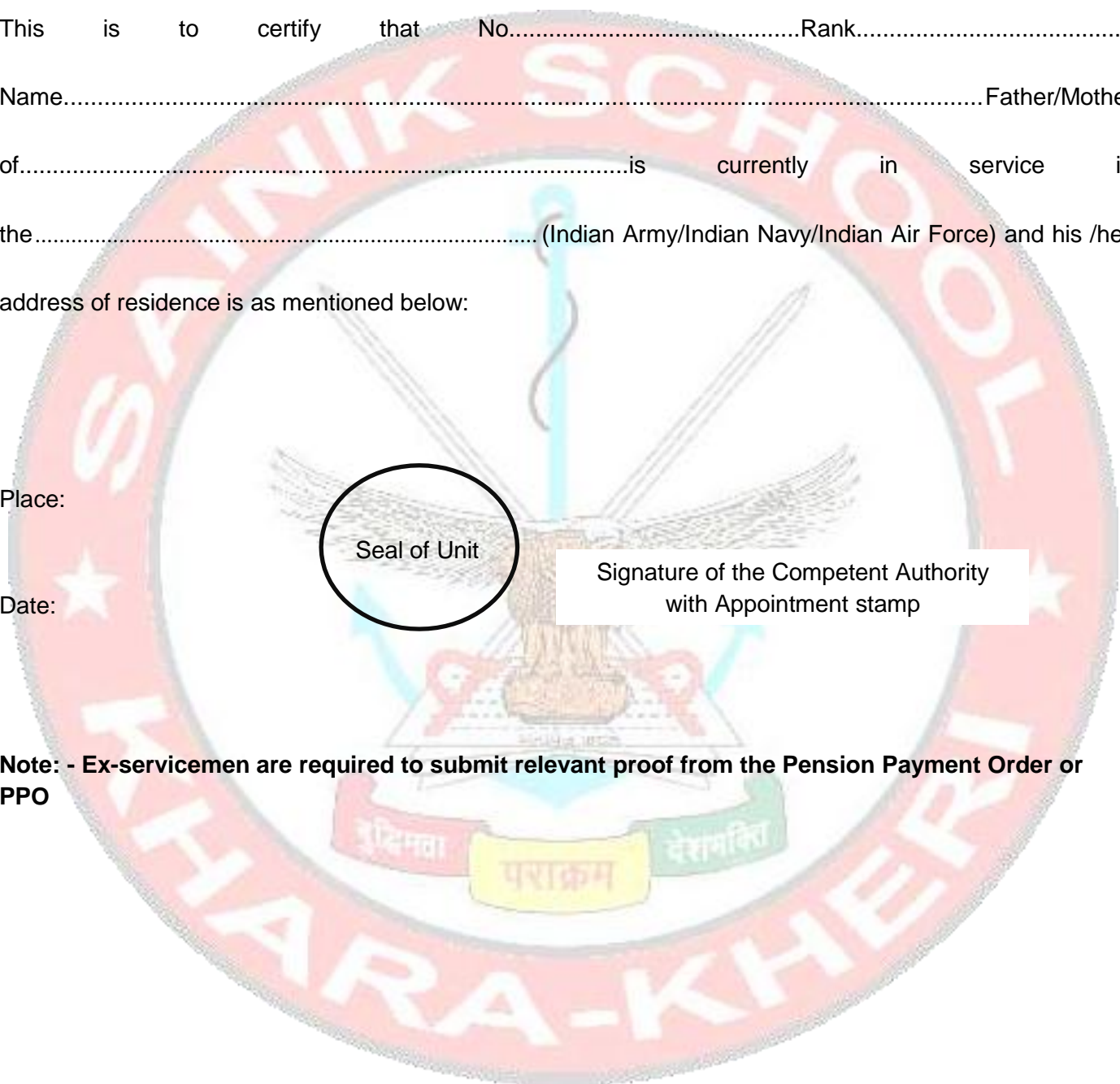
Place:

Date:

Seal of Unit

Signature of the Competent Authority
with Appointment stamp

Note: - Ex-servicemen are required to submit relevant proof from the Pension Payment Order or PPO



OBC-NCL CERTIFICATE FORMAT**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)* APPLYING FOR ADMISSION TO SAINIK SCHOOLS**

This is to certify that Shri/Smt./Kum** _____
 _____ Son/Daughter** of Shri/Smt.** _____ of Village/Town**
 the State/Union Territory _____ belongs to the
 _____ community that is recognized as a backward
 class under Government of India***, Ministry of Social Justice and Empowerment's
 Resolution No. _____

_____ dated _____ ****

Shri/Smt./Kum. _____ and/or _____
 his/her family ordinarily reside(s) in the _____

_____ District/Division of the State/Union Territory. This
 is also to certify that **he/she does NOT belong to the persons/sections (Creamy Layer)**
 mentioned in Column 3 of the Schedule to the Government of India, Department of
 Personnel & Training O.M. No. 36012/22/93- Estt. (SCT) dated 08/09/93 which is
 modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified vide
 OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008, again further modified vide OM
 No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and again further modified vide OM No.
 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate / Deputy Commissioner /
 Any other Competent Authority

Dated: _____ Seal

* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

** Please delete the word(s) which are not applicable.

*** As listed in the Annexure (for FORM-OBC-NCL)

**** The authority issuing the certificate needs to mention the details of Resolution of
 Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term „Ordinarily resides“ used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar“ and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.
 - (v) Certificate issued by any other authority will be rejected.

ANNEXURE FOR FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12019/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014
23	No. 12011/04/2014-BC-II	14.01.2015
24	No. 12011/7/2014-BC-II	23.01.2015
25	No. 12011/1/2015-BC-II	27.05.2015
26	No. 12015/05/2011-BC-II	14.07.2015
27	No. 12011/06/2014-BC-II	09.09.2015
28	No. 12011/13/2016-BC-II	25.05.2016
29	No. 12011/14/2016-BC-II	13.06.2016
30	No. 12011/15/2016-BC-II	30.06.2016
31	No. 12011/4/2014-BC-II	11.08.2016
32	No. 12011/6/2014-BC-II	06.12.2016
33	No. 12011/13/2016-BC-II	22.12.2016
34	No. 20012/1/2017-BC-II	18.01.2017
35	No. 12011/7/2017-BC-II	28.07.2017
36	No. 36033/1/2013-Estt. (Res.)	13.09.2017
37	No. 36033/2/2018-Estt. (Res.)	08.06.2018

FORM-SC-ST

PRESCRIBED PROFORMAE

Performa-I

THE FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES AND SCHEDULED TRIBES CANDIDATES APPLYING FOR ADMISSION TO SAINIK SCHOOLS

This is to certify that Shri/Shrimati/Kumari*.....
son/daughter* of of village/town*
..... in District/Division* of the
State/Union Territory* belongs to the..... caste/tribe* which is recognised as a
Scheduled Caste/Scheduled Tribe* under:—

@ The Constitution (Scheduled Castes) Order, 1950 @ The Constitution
(Scheduled Tribes) Order, 1950

@ The Constitution (Scheduled Castes) Union Territories Order, 1951 @ The Constitution
(Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

@ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956

@ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the
Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976

@ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962 @ The Constitution
(Dadar and Nagar Haveli) Scheduled Tribes Order, 1962 @ The Constitution (Pondicherry)
Scheduled Castes Order, 1964

@ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967

@ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968 @ The Constitution
(Goa, Daman and Diu) Scheduled Tribes Order, 1968 @ The Constitution (Nagaland)
Scheduled Tribes Order, 1970

@ The Constitution (Sikkim) Scheduled Castes Order, 1978 @ The Constitution
(Sikkim) Scheduled Tribes Order, 1978

@ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989 @ The
Constitution (SC) Order (Amendment) Act, 1990

@ The Constitution (ST) Order (Amendment) Act, 1991

@ The Constitution (ST) Order (Second Amendment) Act, 1991

@ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002 @ The Constitution
(Scheduled Castes) Order (Amendment) Act, 2002

@ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002

@ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to
Shri/Shrimati*..... Father/Mother of
Shri/Shrimati/Kumari of village/town*
..... in District/Division*..... of the State/Union
Territory*..... who belongs to the caste/tribe* which is recognised as a
Scheduled Caste/Scheduled Tribe in the State/Union Territory* of..... issued by the
..... dated

% 3. Shri/Shrimati/Kumari*..... and/or* his/her* family
ordinarily resides in village/town*..... of..... District/Division*
of the State/Union Territory* of.....

Signature.....

**Designation.....

(With Seal of Office) State/Union
Territory*

Place:

Date:

*Please delete the words which are not applicable. @Please quote
specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term "ordinarily reside (s)" used here will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy
Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/†
Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
Administrator/Secretary to Administrator/Development Officer (Lakshadweep)

School Roll Number (by school only): _____

SAINIK SCHOOL _____**CHECKLIST AND UNDERTAKING**

Name: _____
 AISSEE 2023 Application Number: _____
 State Category [Home State (HS) /Other State (OS)] _____
 Domicile State _____
 Admission Category (Gen/ SC/ST/OBC-NCL/Defence) _____
 Actual Category (Gen/ SC/ST/OBC-NCL) _____

*Affix Passport
Size Photograph*

S No	Detail of Documents	Yes	No	Not Applicable
1.	Checklist and undertaking duly signed by Parents and Candidates			
2.	Provisional Admission Letter from AISSAC 2023			
3.	Admit Card of AISSEE 2023			
4.	Score Card of AISSEE 2023			
5.	Govt Issued Photo ID Proof of Student, Father and mother/ Guardian containing Address Proof			
6.	Medical Fitness Report			
7.	Proof of date of birth- Copy of the Birth Certificate issued by the competent Government Authority concerned. Date of Birth proof issued by concerned Record Office (in case of defence Personnel)			
8.	Study certificate duly signed by Principal/Headmaster of Class V / Class IX school			
9.	Certificate of category (SC/ST/OBC-NCL), if applicable, as per the Government of India format			
10.	Domicile/Residence Certificate issued by competent authority (Original)			
11.	Certificate of service (for Defence category-serving) and e-PPO/PPO for Ex-servicemen, if applicable			
12.	Income Certificate issued by the competent authority. (Note: The Income Certificate must be issued as per the enclosed format by the Revenue Officer, not below the rank of Tehsildar from the area of residence of the candidate. The Income Certificate must include Income from all sources of the family for the Financial Year 2022-23 and must have been issued on or after 01 April 2023. The Affidavit/IT Return submitted by the parents will not be considered.)			
13.	Photographs: - (a) Passport size of the Boy/Girl –05 Nos (b) Family photograph [Parents along with children] (Post card size) – 2			
14.	Adoption Deed (in case of Adopted Child), if applicable			

Whether Paramilitary ward: (Yes/No) _____ (Assam Rifle/Coast Guard)

UNDERTAKING BY THE PARENT AND CANDIDATE

We hereby submit the Undertaking that my admission is provisional subject to the successful completion of document verification at the time of physical reporting in the school. In case, I fail to submit the required documents by the stipulated date or found ineligible or information/documents/certificates provided are found incorrect at any stage, then the school reserves the right to cancel my provisional admission automatically. In such event, I shall be fully responsible for all consequences arising out of such cancellation of admission. Sainik School _____ shall not be held responsible in any case.

Signature of Candidate with date_____
Signature of Parents with date

DECLARATION BY THE PARENTS / GUARDIAN

(To be submitted on Non-Judicial stamp paper of Rs 10/-)

Date:

In case of any emergency/routine treatment, we request for treatment of our ward in MAMC, Agroha or Jindal Hospital Hisar or any other nearby reputed hospital having the required facilities for his/her treatment. We agree to clear the bills for expenditure incurred on treatment of our ward before end of the academic session, in addition to the annual fees.

Signature of cadet

Signature of parents / guardian

