

UNDERTAKING

Date -

I FATHER/ MOTHER OF Mast/Ku
do hereby undertake to submit the caste certificate (SC/ST/OBC) in the name of my child within three months of getting admission in KENDRIYA VIDYALAYA BMY BHILAI (CHARODA). Failing which my admission may be cancelled.

Signature of parent/guardian.....

Name of parent/guardian.....

.....

UNDERTAKING

Date -

I FATHER/ MOTHER OF Mast/Ku
do hereby undertake to submit the caste certificate (SC/ST/OBC) in the name of my child within three months of getting admission in KENDRIYA VIDYALAYA BMY BHILAI (CHARODA). Failing which my admission may be cancelled.

Signature of parent/guardian.....

Name of parent/guardian.....

.....

UNDERTAKING

Date -

I FATHER/ MOTHER OF Mast/Ku
do hereby undertake to submit the caste certificate (SC/ST/OBC) in the name of my child within three months of getting admission in KENDRIYA VIDYALAYA BMY BHILAI (CHARODA). Failing which my admission may be cancelled.

Signature of parent/guardian.....

Name of parent/guardian.....

.....

UNDERTAKING

Date -

I FATHER/ MOTHER OF Mast/Ku
do hereby undertake to submit the caste certificate (SC/ST/OBC) in the name of my child within three months of getting admission in KENDRIYA VIDYALAYA BMY BHILAI (CHARODA). Failing which my admission may be cancelled.

Signature of parent/guardian.....

Name of parent/guardian.....

.....

UNDERTAKING

Date -

I FATHER/ MOTHER OF Mast/Ku
do hereby undertake to submit the caste certificate (SC/ST/OBC) in the name of my child within three months of getting admission in KENDRIYA VIDYALAYA BMY BHILAI (CHARODA). Failing which my admission may be cancelled.

Signature of parent/guardian.....

Name of parent/guardian.....

.....

UNDERTAKING

Date -

I FATHER/ MOTHER OF Mast/Ku
do hereby undertake that I AM WORKING IN..... which is CENTRAL GOVT/
CENTRAL GOVT UNDERTAKING with child education allowance facility so I will not claim fee concession in any
class if my ward is admitted under RTE CATEGORY IN KV BMY BHILAI .

Signature of parent/guardian.....

Name of parent/guardian.....

.....

UNDERTAKING

Date -

I FATHER/ MOTHER OF Mast/Ku
do hereby undertake that I AM WORKING IN..... which is CENTRAL GOVT/
CENTRAL GOVT UNDERTAKING with child education allowance facility so I will not claim fee concession in any
class if my ward is admitted under RTE CATEGORY IN KV BMY BHILAI .

Signature of parent/guardian.....

Name of parent/guardian.....

.....

UNDERTAKING

Date -

I FATHER/ MOTHER OF Mast/Ku
do hereby undertake that I AM WORKING IN..... which is CENTRAL GOVT/
CENTRAL GOVT UNDERTAKING with child education allowance facility so I will not claim fee concession in any
class if my ward is admitted under RTE CATEGORY IN KV BMY BHILAI .

Signature of parent/guardian.....

Name of parent/guardian.....

.....

UNDERTAKING

Date -

I FATHER/ MOTHER OF Mast/Ku
do hereby undertake that I AM WORKING IN..... which is CENTRAL GOVT/
CENTRAL GOVT UNDERTAKING with child education allowance facility so I will not claim fee concession in any
class if my ward is admitted under RTE CATEGORY IN KV BMY BHILAI .

Signature of parent/guardian.....

Name of parent/guardian.....

.....

सम्माननीय अभिभावक

दिनांक

आपसे अनुरोध है कि - यदि आपका बच्चा किसी गंभीर बीमारी से पीड़ित है तो आप कक्षाध्यापक को तत्काल सूचित करें ।
यथा -

1. सिकलिंग (सिकल सेल एनीमिया)
2. अस्थमा, खांसी या सांस संबंधी बीमारी
3. हिमोफिलिया (अतिरक्तस्त्राव)
4. मधुमेह (डायबिटिज)
5. हृदय संबंधी बीमारी
6. कोई अन्य
7. कोई भी बीमारी नहीं है ।

नोट - कृप्या इसी पत्र में बीमारी का उल्लेख कर चिकित्सा प्रमाण सहित कक्षाध्यापक के पास तत्काल जमा करें ।

प्राचार्य

केन्द्रीय विद्यालय बी.एम.वाय भिलाई

अभिभावक के हस्ताक्षर एवं नाम

सम्माननीय अभिभावक

दिनांक

आपसे अनुरोध है कि - यदि आपका बच्चा किसी गंभीर बीमारी से पीड़ित है तो आप कक्षाध्यापक को तत्काल सूचित करें ।
यथा -

1. सिकलिंग (सिकल सेल एनीमिया)
2. अस्थमा, खांसी या सांस संबंधी बीमारी
3. हिमोफिलिया (अतिरक्तस्त्राव)
4. मधुमेह (डायबिटिज)
5. हृदय संबंधी बीमारी
6. कोई अन्य
7. कोई भी बीमारी नहीं है ।

नोट - कृप्या इसी पत्र में बीमारी का उल्लेख कर चिकित्सा प्रमाण सहित कक्षाध्यापक के पास तत्काल जमा करें ।

प्राचार्य

केन्द्रीय विद्यालय बी.एम.वाय भिलाई

अभिभावक के हस्ताक्षर एवं नाम

सम्माननीय अभिभावक

दिनांक

आपसे अनुरोध है कि - यदि आपका बच्चा किसी गंभीर बीमारी से पीड़ित है तो आप कक्षाध्यापक को तत्काल सूचित करें ।
यथा -

1. सिकलिंग (सिकल सेल एनीमिया)
2. अस्थमा, खांसी या सांस संबंधी बीमारी
3. हिमोफिलिया (अतिरक्तस्त्राव)
4. मधुमेह (डायबिटिज)
5. हृदय संबंधी बीमारी कोई अन्य
6. कोई अन्य
7. कोई भी बीमारी नहीं है ।

नोट - कृप्या इसी पत्र में बीमारी का उल्लेख कर चिकित्सा प्रमाण सहित कक्षाध्यापक के पास तत्काल जमा करें ।

प्राचार्य

केन्द्रीय विद्यालय बी.एम.वाय भिलाई

अभिभावक के हस्ताक्षर एवं नाम