**DECLARATION FROM PARENTS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent of , Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) seeking admission in Class VI / IX in Sainik School Balachadi, hereby declare :-

(a) That my son is not suffering from any communicable and chronic disease specially Epilepsy and Asthma. If at any stage it is found that my son is suffering from any such disease which I have not disclosed at the time of Medical Examination and which will be harmful to other Cadets and hindrance to the school training, my ward is liable to be withdrawn from the School.

(b) Blood Group of my Son is :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fathers Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email-id

Mobile No.