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PESTLE WEED COLLEGE

All India Senior Secondary Residential School
(Affiliated to CBSE, New Delhi)
Member I.P.S.C.

Oak Hill Estate, Mussoorie Diversion Road, Dehradun - Uttarakhand, INDIA

Tel. +91 135 2734336 | 2734581

E-mail : pestleweed_2k@yahoo.com visit us at ://www.pestleweedcollege.com

FORM OF APPLICATION FOR REGISTRATION

Registration No. _____

Date: _____

1. Name of the Child : _____

2. Father's Name : _____

3. Mother's Name : _____

4. Address : _____

5. Date of Birth : _____ 6. Nationality: _____ 7. Mother Tongue : _____

Date of Birth (In words) : _____

8. Present address of Father/Guardian : _____

Phone No. (with STD/ISD Code) : _____

E-mail ID : _____ Mobile _____

9. Desiring admission in class _____

(i) Name of Previous School : _____

(ii) Medium of Instruction in previous School . _____

10.(i) Are any of your other children studying/have studied in Pestle Weed College?: _____

(ii) If so, give name and class/or year of leaving school : _____

11. We desire our son/daughter/ward to be a Boarder : _____

12. Name and address of two references :

	Name	Relation	Address
(a)	_____	_____	_____
(b)	_____	_____	_____

Note : *The Registration Fee must accompany this application form. It is neither adjustable nor refundable*

DECLARATION

I agree to abide by the Rules and Regulations of Pestle Weed College, printed in the Prospectus and to pay the school fee in advance. I wish my child/ward to be brought up in accordance with the existing arrangements in the School.

Date : _____

Signature Father/Guardian

Signature Mother/Guardian

CO-ORDINATOR/BURSAR

PRINCIPAL



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FORM OF APPLICATION FOR ADMISSION

Registration No. _____ Admission No.: _____

1. Name of the Child : _____ M/F _____

2. Father's Name : _____ Occupation : _____

3. Mother's Name : _____ Occupation : _____

4. Permanent Address : _____

5. Date of Birth : _____ 6. Nationality : _____ 7. Mother Tongue: _____

Date of Birth (In words) : _____

8. Category : Gen. SC ST OBC EWS Disabled SG Child

9. Present Address of Father/Guardian : _____

Phone No. (with STD/ISD Code) : _____

E-mail ID : _____ Mobile _____

10. Desiring admission in class _____

(i) School last attended : _____ Board : _____

(ii) Class last attended : _____ T.C. No. & Date : _____

(iii) Medium of Instruction in the last School : _____

11. We desire our son/daughter/ward/to be a Boarder/Day Boarder _____

12. List of Visitors/Local Guardians authorized to meet the child and take him/her out on school holidays:

Name	Relation	Address
(a) _____	_____	_____
(b) _____	_____	_____

13. **LEGAL CONSENT STATEMENT MUST BE SIGNED**

I _____ (Parent) authorize Pestle Weed College to arrange for the necessary medical tests and treatment, including emergency surgery, use of anesthesia, for my child _____ (Name of the child) to the best professional judgement of the licensed Medical and Nursing personnel of Pestle Weed College or the District Hospital, Dehradun. I also authorize Pestle Weed College to take my ward on School Outings/ Trips/ Picnic etc. at my own risk.

DECLARATION

I agree to abide by the Rules and Regulations of Pestle Weed College, printed in the Prospectus and to pay the school fee in advance. I wish my child/ward to be brought up in accordance with the existing arrangements in the School.

Date: _____ Signature Father/Guardian _____ Signature Mother/Guardian _____

FOR USE BY THE SCHOOL

Date of Joining: _____ Class to which admitted : _____

Scholar No. : _____ House allotted : _____