

AFFIDAVIT

I _____ resident of _____
_____ Father/ Mother/ Guardian of
School No. _____ Name _____
who is studying/ seeking admission in Sainik School Jhunjhunu hereby declare that I am not
paying income tax.

Signature _____

Occupation _____

Address _____

Date _____

COUNTERSIGNATURE

SEAL

Signature of Executive Magistrate/
Sub-Divisional Magistrate

AGREEMENT FORM TO BE EXECUTED BY PARENTS/GUARDIANS OF FULL FEE-PAYING STUDENTS AT SAINIK SCHOOLS

THIS AGREEMENT is made this _____ day of _____ 2021 between Shri _____ S/o Shri _____ Village : _____ PO _____ Tehsil : _____ District : _____ (hereinafter called the 'Guarantor' which expression shall unless excluded by the context or the meaning there of be deemed to include his heirs by the executors, administrators and Legal representatives) of the one part and the Board of Governors Sainik Schools (here in after) called the Governor's which expression shall unless excluded by the context or the meaning thereof be deemed to include the Principal of Sainik School, Jhunjhunu (Raj) of other part.

WHERE AS _____ S/O Sh _____ (hereafter called the student) is son/ward of the guarantor and has at the request of the guarantor been selected for admission to the Sainik School, Jhunjhunu inter alia, on the terms and conditions hereinafter appearing for the purpose of receiving education in a Sainik School.

NOW IT IS HEREBY AGREED BY and between the parties hereto as follows:-

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 and that he, the guarantor, shall pay to Governors regularly and promptly and whenever called upon to do so all the fees prescribed for education in the Sainik School.

That the Governors will not be liable for any damages/charge on account of injuries which may be sustained by the student any time during his stay in the school while taking part in sports or other extracurricular activities of the school or on account of any other reason directly or indirectly related to his stay as a student in the school. All expenses that may be incurred in the treatment of such injuries will be borne by the parent / guardian as provided in the rules of the said school.

And that if there is any dispute as to the effect or meaning of these presents or in any way touching or arising out of these of presents, the same shall be referred to the sole arbitration of the Board of Governors, Sainik Schools, whose decision shall be final.

IN WITNESS WHERE OF Shri _____ has set his hand and **Administrative Officer, Sainik School Jhunjhunu** by order and direction of the Board of Governors has set his hand the day and the year first above written.

Signed by

in the presence of
(see note (b) below)

Signed by

for and on behalf of the
Board of Governors,
Sainik Schools in the presence of

Note: (a) *The agreement form is to be fully stamped. The necessary stamped paper for minimum of Rs. 10/- is to be purchased by the guarantor from the Local Revenue Officer.*

(b) *Government servant of gazetted status who should sign together with his seal of office in token of having witnessed the signature of the guarantor.*

AGREEMENT FORM TO BE EXECUTED BY THE PARENTS/GUARDIANS OF STUDENTS OTHER THAN FULL FEE PAYING AT SAINIK SCHOOLS

THIS AGREEMENT is made this _____ day of _____ 2021 between _____ s/o Shri _____ (hereinafter called the Guarantor, which expression shall unless excluded by the context of the meaning thereof be deemed to include his heirs, executors, administrator, and legal representatives) 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 the Sainik School Jhunjhunu** of the other part.

WHEREAS _____ S/o _____ (hereinafter called the student) is the son/ward of the guarantor and has at the request of the guarantor been selected for admission to the Sainik School, Jhunjhunu inter alia, on the terms and conditions hereinafter appearing for the purpose of receiving education with a view to making the Regular Armed Forces, his profession in life, if considered by the appropriate authority to be suitable and if there is any vacancy and if he be selected.

NOW IT IS HEREBY AGREED BY AND between the parties hereto as follows:-

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, covenants with 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 prescribed by the Governors, for training for entry to the Regular Armed Forces and that he, the guarantor shall pay to the 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.

That if for any reasons 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 said selection 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 declared 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 institutions fails to complete the training there at for the entry into the Regular Armed Forces or fails to join the Regular Armed Forces after completing the training at the said institution, then and if 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 scholarships he has received for the period the student was at the said school.

That if after admission any of the following viz, proof of domicile, certificate of age 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 sum the student has received from the school and / or the State Government / Central Government (the value of the scholarships he has received) for the period the student was at the said school.

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 authority, 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 at the school on payment of the full fee prescribed by the Governors from the date student is found medically unfit.

That the Governors will not be liable for any damages/charges on account of injuries which any be sustained by the student at any time during his stay in the school while taking part in sports or other extra-curricular activities of the school. All expenses that may be incurred in treatment of such injuries will be borne by the parent/guardian as provided in rules of the said school.

And that if there is any dispute as to the effect or meaning of these presents or in any way touching or arising out of these presents, the same shall be referred to the sole arbitration of the Board of Governors, Sainik Schools, whose decision shall be final.

IN WITNESS WHERE OF **Shri**_____ has set his hand and **Administrative Officer, Sainik School Jhunjhunu** by order and direction of the Board of Governors has set his hand the day and the year first above written.

Signed by

in the presence of
(see note (b) below)

Signed by

for and on behalf of the
Board of Governors,
Sainik Schools in the presence of

Note: (a) *The agreement form is to be fully stamped. The necessary stamped paper for minimum of Rs.10/- is to be purchased by the guarantor from the Local Revenue Officer.*
(b) *The signature of the guarantor is to be witnessed by any Government servant of gazette status.*

SAINIK SCHOOL JHUNJHUNU (RAJ)
NDA BOND TO BE EXECUTED BY PARENT/GUARDIAN

(To be Executed on Non Judicial Stamp paper worth Rs.10/-)

I, _____ S/o, Shri _____ Resident
of Village: _____ PO _____
Tehsil, _____ District _____ State _____ Pin _____

Father/Mother of School No : _____ hereby bind myself that if my son/ward does not take the competitive examination of the Union Public Service Commission for admission to the National Defence Academy and after joining the Academy fails to complete the training there at for the entry into Regular Armed Forces or fails to join the Regular Armed Forces after completing the training at the said Institution, I will refund to the government the value of Scholarship availed by my son/ward during his stay at Sainik School, Jhunjhunu. This will also be the position if he leaves the school at any intermediate state without taking the available examination

Signature of the father/Guardian

Date : _____

ATTESTED BY FIRST CLASS MAGISTRATE

FORM OF THE DESCRIPTION OF PROPERTY OF _____

R/O _____

Ser	Brief description of property and place where situated	Kind of property whether movable or immovable	Realizable value of the property	Amount recoverable against defaulter	Remarks
1	2	3	4	5	6

ATTESTED BY TEHSILDAR

**LIST OF CLOTHING /ITEMS TO BE BROUGHT BY THE STUDENTS
AT THE TIME OF REPORTING THE SAINIK SCHOOL**

<u>S. No</u>		<u>Qty</u>
1.	Shirt white full sleeves (Terricot)	04 Nos
2.	Short Black with elastic belt (Terricot)	02 Nos
3.	Trouser Dark Gray (Pant)(Terricot) – (Civil Pattern)	02 Nos
4.	Trouser Black (Pant) (Terricot) – (Civil Pattern)	02 Nos
5.	Vest Cotton	05 Pair
6.	Underwear	05 Nos
7.	Handkerchief white	06 Nos
8.	Socks white	04 Pairs
9.	Socks Black	04 Pairs
10.	Sleeping Suits/ Night Suits(terricot/cotton)	02 Nos
11.	Towel Bath(Turkish towel)	03 Nos
12.	Bed SheetsWhite	02 Nos
13.	Sports Shoes with laces (White)	01 Pair
14.	Shoes Black Leather	01 Pairs
15.	Slippers (Chappal)	01 Pair
16.	Lock with keys in duplicate with chain	02 Nos
17.	Air Bag (Pithu Bag)	01 No
28.	Pillow covers (White)	01 No
19.	Hangers Steel	10 Nos
20.	Shirt and Trouser (Private)(Formal)	02 Pairs
21.	Single bed Mosquito Net (cotton) Khakhicolour	01 No
22.	Rain Coat	01 No
23.	Milton/ Cello Water Bottle with strip (1 Ltr)	01 No
24.	Leather Belt black colour (civil pattern)	02 Nos
25.	Durrie (Size 6x3), colour Blue	01 No
26.	Mask (Plane Cotton cloth of Blackcolor)	05 Nos
27.	Blanket With cover	01 No

28. **Other Small Items.** Soap bathing & washing, Soap case, Shoe Brush, Tooth Brush, Tooth Paste, Boot Polish Black, Hair Oil and Comb, Mirror, Permanent marker pen, Thread, Needles, Steel Mugfor tea, Medium size torch with cells, Geometry Box, Pen, ink, Ball pen, Pen6666cil, Scale, Rubber, Nail Cutter, Colored Socks(2 Pairs), 5 Note books& stationery items, Hand sanitizer(Pocket Size),Bucket with mug, Cloth clips(12 Nos)

CADET INFORMATION SHEET – FOR ADMISSION

Cadet Name _____

Affix photo
and attested
by Notary
Public

Latest Passport Size Photo
Four (04) copies

Father Name _____ OCCUPATION _____

Mother Name _____ OCCUPATION _____

DOB _____ AGE _____ BLOOD GROUP (Mandatory) _____

Identification Marks 1. _____ 2. _____

Address : _____

PIN _____ email address _____

Mobile No (1) _____ (2) _____ (3) _____

Local guardian (if any) Name _____ Mobile No _____

POSTCARD SIZE FAMILY COLOR PHOTOGRAPH WITH CADET

(FATHER, MOTHER, BROTHER/SISTER IF ANY).

FOUR (04)COPIES

(Signature of parent)

(Signature of Notary)

NOTE :- Cadets information sheet to be submitted on minimum Rs 10/- (Rupees Ten Only) Non Judicial stamp paper as per the format duly attested by notary.

SAINIK SCHOOL JHUNJHUNU

MEDICAL CONSENT & PREOCUDRE FORM BOARDING CADETS

CADETS AND FAMILY DETAILS

CADET DETAILS

Surname : _____

First name : _____

Date of birth : _____ Gender : _____

Admission year : _____ Blood Group : _____

House name : _____

(PLEASE STATE BREAFLY ANY HEALTH ISSUE, MEDICAL ALEART OR SPECIAL NEEDS OF WHICH SCHOOL MEDICAL STAFF NEED TO BE AWARE)

PARENTS/GUADIAN 1 DETAIL

Surname: _____

First name : _____

Relationship : _____

Adress : _____

Mobile : _____

Email : _____

PARENTS/GUADIAN 2 DETAIL

Surname: _____

First name : _____

Relationship : _____

Adress : _____

Mobile : _____

Email : _____

SECTION 2 MEDICAL DETAILS

Is Childs immunization up to date ? Yes No

IMMUNIZATION RECORD

Year of last Tetanus : _____

Year Of Last Polio booster : _____

Year of last measles/mumps/Rubella : _____

Year of last Hepatitis B : _____

Covid 19 : _____

I Have attached a copy of my Childs vaccination certificate

CHILDHOOD DISEASES

Please tick boxes if your child has had any of the following illness

- Chicken pox
- Rheumatic fever
- Typhoid fever
- Mumps
- Measles
- Rubella

Others if specify _____

ASTHMA HISTORY

Does your child suffer from asthma ? yes No

If yes please answer the following :

Has your child been to the hospital due to asthma in the past 12 months? Yes No

Has your child been treated with cortisone in the past 12 months? Yes No

Does your child have an action plan ? please enclose a copy Yes No

Name of current reliever : _____

Name of current preventer : _____

Other medication taken for asthma : _____

MEDICAL HISOTRY

Please tick if your child suffered from any of following

- Diabetes
- HTN
- Epilepsy

Please note any other health issues that the school should be aware of

Special needs or disability , learning difficulties/problems ,fainting Hepatitis B carrier,incontinence etc.

COUNSELLING OR PHYSIOLOGICAL ISSUES

Please describe any counseling or physiological issues that your child has or had that school should be aware of .

PRESCRIPTION MEDICATION

Please list any prescription medications, doses and frequency that your child is currently taking .

ALLERGY AND TREATMENT REQUIRED

Medication : _____

Food : _____

Insects : _____

Others: _____

OPERATIONS OR OTHER INJURIES

Please describe any surgery your child has undergone in the past or any other injuries that the school should be aware of .

CURRENT TREATMENTS

Please describe any current treatments that your child is undergoing that the school should be aware of : _____

HEARING OR SIGHT DIFFICULTIES

Does your child wear glasses ? Yes No

Please provide further detail below regarding your child's use of glasses (eg. Short or long sided. For reading only or for use with computer colored glasses etc.) _____

Does your child have any hearing difficulty Yes No

If yes please provide further details below: _____

SECTION 3: SCHOOL PROCEDURE(ACCIDENTS OR ILLNESS)

MINOR AILMENTS

- The cadet will report to school infirmary where their attendance will be recorded on the daily register.
- The Nursing assistant will assess and treat the cadet as required. If further care required for boarders they will be referred to the appropriate health professionals/CHC Baragaon/BDK Hospital Jhunjhunu.

MINOR INJURIES

- The cadet will report to the school infirmary where assessment and first aid will be administered .
- If the cadet is injured while playing sports they should report to the coach /Teacher in the first instance and then to the nursing assistant .
- Treatment will be documented in personal medical records and if presented, the cadets diary will be stamped.

SERIOUS ILLNESS/INJURY REQUIRING A DOCTOR OR HOSPITAL

- The cadet will be provided with first aid immediately by Nursing assistant.
- The school Nursing Assistant will be called to the site of the injury/illness and/or the cadet transferred to the school Infirmary where first aid will be administered
- The parent /guardian will be contacted on registered mobile no/ Email. according to the information available with school record.
- The Nursing Assistant will assess the cadet and if required the cadet will be taken to the GOVT. hospital.
- In an Emergency or the advice of an attending doctor, the cadet will be taken by ambulance or other suitable vehicle to the nearest hospital.

MEDICATION PROCEDURES

- Parents are requested to inform the House master/Nursing Assistant of any Medications being taken by cadets.
- All medications administered by the Nursing Assistant will be recorded.

NON-PRESCRIPTION OR 'OVER THE COUNTER' MEDICATIONS :

- | | | | |
|---------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Paracetamole | <input type="checkbox"/> Diclofenac Sodium | <input type="checkbox"/> Dicyclomine | <input type="checkbox"/> Antacid |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Antifungal cream | <input type="checkbox"/> Eye drops | <input type="checkbox"/> Panto-D |
| <input type="checkbox"/> Disprin | <input type="checkbox"/> Omez | <input type="checkbox"/> Avil | <input type="checkbox"/> Rantac |
| <input type="checkbox"/> Domperidone | <input type="checkbox"/> Levocetirizine | <input type="checkbox"/> Anticold | <input type="checkbox"/> Ear Drops |
| <input type="checkbox"/> ORS | <input type="checkbox"/> Anti-inflammatory gel | | |

Please list below any other non prescription medications that your child may need and name of the condition being treated:_____

For the relief of minor allergies the following medications may be given on prescription of the doctor. Please sign beside each medication that you authorize us to give your child if required.

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Chlopheniramine Maleate | <input type="checkbox"/> Phenergan |
|--|------------------------------------|

PRESCRIPTION AND RESTRICTED MEDICATIONS :

- Assistance will be given by the Nursing Assistant in the administration of prescription medication, when presented in writing by parents/guardians or as prescribed by a doctor.
- Assistance will be given by the Nursing Assistant In the administration of Restricted medication after receiving documents from the doctor or parent/guardian.
- Instruction regarding changes in the doses of long term or restricted medications must be in writing from the doctor.
- The Nursing Assistant may only administer or assist with the administration of any medication if the medication provided is its original container with label clearly displaying the cadet's name and required doses.

SECTION 4 : PARENT/GUARDIAN CONSENT

I/We _____ (Parent/Guardian name)

Being the Parent/Guardian of _____ (cadet Name)

Consent to the administration of medicines specified in section one and any others as notified by me/us in writing as required and also provide the information as requested in section Two of this form.

I/we authorize you , in the event of injury/ illness of our child, to follow the procedure's set out in section one of this consent.

I/we undertake to inform you of any changes to the information contained in this form as and when necessary. This consent shall remain valid unless withdrawn and notified by myself/ua in writing to the school.

Date _____

(Signature of the parent/guardian)

धारा अभिभावक की सहमति/पिता-माता :4

मैं हम/ _____ (माता(अभिभावक का नाम/पिता- _____ के माता- (कैडेट का नाम) अभिभावक होने के नाते/पिता मेरेहमारे द्वारा लिखित रूप में यथा अधिसूचित खंड एक और / किसी अन्य में निर्दिष्टदवाओं के प्रशासन के लिए सहमति पत्र और इस प्रपत्र के खंड दो में अनुरोध के अनुसार जानकारी भी प्रदान करें।

मैंबीमारी की स्थिति में/हम आपको हमारे बच्चे की चोट/, इस सहमति पत्र के)खंड एक में निर्धारित प्रक्रिया का पालन करने के लिए अधिकृत करते हैं।

मैं हम आपको/इस फॉर्म में निहित जानकारी में किसी भी बदलाव के बारे में जब जब आवश्यक हो सूचित करने का वचन देता हूं। यह सहमति तब तक वैध रहेगी जब तक कि स्कूल को लिखित रूप में मेरे/हमारे द्वारा असहमति सूचित नहीं की जाती है।

Date _____

(Signature of the parent/guardian)

**RECORD OF AUTHORIZED PERSONNEL IN RELATION WITH CADET
& AUTHORIZED CONTACT DETAILS**

(TO BE FURNISHED BY PARENT/ GUARDIAN)

Cadets' Photo


Cadet's Particulars:-

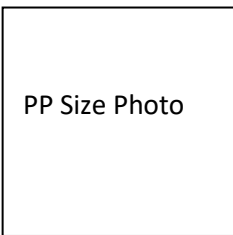
1. School No _____ Year of Admission _____

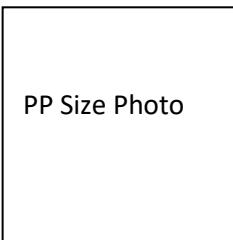
Category _____

2. Name of Cadet _____

Details of authorised Family Members/ Guardian to meet on Book out days:-

1.  Name _____
 Relation with cadet _____ DoB _____
 Aadhar No _____
 Mobile No. _____

2.  Name _____
 Relation with cadet _____ DoB _____
 Aadhar No _____
 Mobile No. _____

3.  Name _____
 Relation with cadet _____ DoB _____
 Aadhar No _____
 Mobile No. _____

4. Only following contact No./ Mobile No. & email ID will be used by me as authorised Nos for communication with my ward or with the School authorities.

Mobile No. _____ Alternate Mobile No. _____

Name & Relation _____ Name & Relation _____

Working Email ID _____

“Certified that the family members / close relatives, whose details with photographs are mentioned above, are hereby authorised by me to contact my ward or to take custody of my ward on the authorised day/ book out days decided by the School Management.”

Signature of Parent _____

Name of Parent _____

Relation with Cadet _____

Mobile No. _____

Date _____

Approved/ Not Approved

(Signature with School Stamp)

INDEMNITY BOND

(to be submitted on Non Judicial stamp paper of Rs 10/- and attested by notary Public)

The President of India,

In consideration of _____ minor of whom I am the legal/natural guardian being trained at my request in Sainik School Jhunjhunu (Raj).

Name of Child	Date of Birth	Father's Name	Mother's Name

I undertake and agree that neither I nor my executor or administrator or any other legal representative will make any claim against the Govt or against any Officer/other rank or civilian employees of Sainik School Jhunjhunu (Raj) or against any person in the service of Govt in respect of any loss or any injury to property or person including injury resulting in death which they said minor may suffer.

I further agree so as to bind myself, my heirs, my executors and administrators to indemnify you and any officer or other rank or civilian employees of Sainik School Jhunjhunu (Raj) and any person in the service of the Govt. against any claim which may be made by any third party against you or any of them arising out of any act of default on the part of the said minor or in connection with the training being imparted at Sainik School. Jhunjhunu (Raj).

(Signature of parent/Guardian)

Name : _____

Relation with Candidate _____

Address _____

Witnesses

1. Signature _____

Name : _____

Address : _____

2. Signature _____

Name : _____

Address : _____

DECLARATION

(to be submitted on Non Judicial stamp paper of Rs 10/- and attested by notary Public)

I, _____ Father/Mother of School No _____
Cadet (Name) _____ Sainik School Jhunjhunu (Raj), I
declare that I will be responsible for my ward's discipline and good conduct and in the event
of being withdrawn from the School, will pay the cost of training as decided by the
authorities. I further declare that if my son/ward is involved/found involved in any incident of
breach of discipline, I will personally withdraw him from the School without blaming the
School authorities and School reputation.

Date :

Signature _____

Name _____

Shri _____

Address _____

Witnesses

1. Signature _____

Name : _____

Address : _____

2. Signature _____

Name : _____

Address : _____

UNDERTAKING FROM PARENTS

(to be submitted on Non Judicial stamp paper of Rs 10/- and attested by notary Public)

I, _____ S/o _____ hereby undertake, that I will withdraw my child School No _____ Name _____ from this school, if he does not adjust to the School routine or runs away from School. Being Military based institution, PT, Games and evening stage activities, classes are to be attended by each child. In case my son/ward is not suited to the busy routine of this School or tries to run from School without permission, I will immediately withdraw my child from the School without blaming School authorities and School reputation.

Signature _____
Name _____
Shri _____
Address _____

Date :

Witnesses

1. Signature _____

Name : _____

Address : _____

2. Signature _____

Name : _____

Address : _____

(to be submitted on Non Judicial stamp paper of Rs 10/- and attested by notary Public)

AFFIDAVIT BY PARENTS/ GUARDIAN

1. I, Mr./Mrs./Ms. _____ (full name of parents/ guardian) father/mother/ guardian of _____ Sch No _____ (full name of student with admission/ registration/ enrollment number), having been admitted to Sainik School Jhunjhunu (Raj).

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 behavior 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 my ward is liable to be cancelled. Declared this _____ day of _____ Month of _____ year.

Signature of deponent _____

Name _____

Address _____

Cont No. _____

Date _____

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 mis-stated therein. Verified at (place) _____ on this _____ day of _____ Month of _____ year.

Signature of deponent _____

Solemnly affirmed and signed in my presence on this _____ day of _____ Month of _____ year after reading the contents of this affidavit.

Date _____

OATH COMMISSIONER

(to be submitted on Non Judicial stamp paper of Rs 10/- and attested by notary Public)

UNDERTAKING BY THE CADET

1. I, _____ Sch No _____ (full name of student with admission/ registration/ enrollment number), having been admitted to Sainik School Jhunjhunu (Raj) am fully aware of what constitutes ragging.

2. I am also fully aware of the penal and administrative action that is liable to be taken against me in case I will found guilty of indulging in or abetting ragging, actively 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 any act of commission or omission that may be constituted as ragging.

4. I hereby affirm that, if found guilty of ragging, I will 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.

5. Declared this _____ day of _____ Month of _____ year.

Signature of deponent _____

Name _____

Sch No _____

Date _____

AFFIDAVIT

(To be Executed on Non Judicial Stamp paper worth Rs.10/-)

AGREE TO PAY INCREASED FEES

I , _____ S/o Shri _____ resident of
Village : _____ PO : _____
Tehsil : _____ District : _____ father of School No _____
Name _____ who is studying in class VI/IX in Sainik School Jhunjhunu,
hereby declare that I am agree to pay all increased fees as per rules & regulation of Sainik School
Jhunjhunu.

Signature

Dated :

COUNTERSIGNED

Seal

Signature of Executive Magistrate/SDM

ईमेल-ssjrn@rajasthan.gov.in
ईमेल-sainikschooljhunjhunu@gmail.com



सैनिक स्कूल झुंझुनूं
पोस्ट-दोरासरवेब-www.ssjhunjhunu.com
-जिला झुंझुनूं(राज.)333021

सहमति पत्र

सेवा में,
प्राचार्य
सैनिक स्कूल झुंझुनूं
पोस्टदोरासर-
जिला- झुंझुनूं333021-(.राज)

विषयपत्र। पुत्रीको विद्यालय भेजने हेतु सहमति/मेरे पुत्र -

महोदय जी,
उपरोक्त विषयान्तर्गत निवेदन है कि मेरा
पुत्रपुत्री/कैडेट _____ कक्षा _____ वर्ग _____ स्कूल नंबर- _____ आपके
विद्यालय में अध्ययनरत है। राज्य सरकार द्वारा जारी दिशा निर्देश अनुसार मैं अपने पुत्र पुत्री को/विद्यालय भेजने
के लिए अपनी सहमति देता/देती हूँ।/

मैंने कोविड 19-के संदर्भ में सरकार द्वारा बताए गए मानकों और निर्देशों को अच्छी तरह से पढ़ा है-

1. मेरा पुत्र/पुत्रीवर्तमान में किसी भी प्रकार की बीमारी अथवा सर्दी जुखाम एवं बुखार से ग्रसित नहीं हैं।
2. मेरा पुत्रपुत्रीयदि किसी भी प्रकार की बीमारी से ग्रसित होने पर विद्यालय द्वारा सूचना प्राप्त होते ही तुरंत/
पुत्री को विद्यालय से घर ले जाने हेतु उपस/अपने पुत्र/पुत्री थित हो जाऊंगा/ जाउंगी/
3. यदि भविष्य में कोविड संक्रमण बढ़ता है और केंद्र सरकार पुनः राज्य सरकार या जिला प्रशासन /
पुत्री /विद्यालय बंद करने का आदेश देती है तो मैं विद्यालय द्वारा बताए गये निर्धारित समय पर अपने पुत्र
| को लेने के लिए उपस्थित रहूंगा

दिनांक -

अभिभावक के हस्ताक्षर

नाम

पता

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मोबाइल नंबर

**कोविड से संबंधित सहमति पत्र**

सेवा में,
प्राचार्य
सैनिक स्कूल झुंझुनूं
पोस्ट दोरासर-
जिला- झुंझुनूं333021-(राज)

विषय -कोविड दिशा निर्देशों से संबंधित हेतु सहमति पत्र।

महोदय जी,
उपरोक्त विषयान्तर्गत निवेदन है कि मेरा पुत्रपुत्री/
कैडेट _____ कक्षा _____ वर्ग _____ स्कूल नंबर- _____ आपके विद्यालय में
अध्ययनरत है। मैंने कोविड 19-के संदर्भ में सरकार द्वारा बताए गए मानकों और निर्देशों को अच्छी तरह से पढ़ा
हैं।

मैं विद्यालय प्रशासन द्वारा बनाए गए कोविड से संबंधित दिशा निर्देशों का पालन करने की सहमति देता हूँ जो
की इस प्रकार हैं:-

1. मेरे पुत्रस्कूल प्रशासन को इस बात कि अनुमति देता पुत्री का कोविड टीकाकरण नहीं हुआ है अतः मैं/
अ/हूँनुमति नहीं देता हूँ की यदि भविष्य में मेरे पुत्र पुत्री की आयु/कोविड टीकाकरण के अंतर्गत आती है
तो स्कूल प्रशासन उसका टीकाकरण करा सकता है।
2. मेरे पुत्र पुत्री द्वारा/कोविड से संबंधित दिशा निर्देशों का पालन नहीं किए जाने पर विद्यालय प्रशासन द्वारा
मेरे पुत्रपुत्री पर की/ जाने वाली कार्यवाही मुझे मान्य होगी।
3. मेरे पुत्र पुत्री को यदि विद्यालय प्रांगण में कोरोना संक्रमण होता है तो इसका जिम्मेदार/विद्यालय प्रशासन
नहीं होगा और न ही मैं स्कूल प्रशासन पर कोई कार्यवाही करूँगा पुत्री को / करूँगी तथा मेरे पुत्र /
। विद्यालय प्रशासन द्वारा दिया गया उपचार मुझे मान्य होगा
4. केंद्र सरकार 19-राज्य सरकार द्वारा कोविड/के संदर्भ में जारी निर्देशों का पालन करते हुए, अपने
पुत्रपुत्री को कोविड टी/काकरण के प्रथम एवं द्वितीय डोज़ की जानकारी प्रदान करता | करती हूँ/

कैडेट का नाम	स्कूल नंबर	दिनांक	
		कोविड प्रथम टीकाकरण	कोविड द्वितीय टीकाकरण

दिनांक -

अभिभावक के हस्ताक्षर

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