

WILLINGNESS CERTIFICATE FOR ADMISSION

1. I, _____
Father/Mother of Roll No. _____ Name _____
_____ Who appeared in the Entrance Examination -2023 for admission to Class XI hereby submit my willingness for admission of my above named son/daughter to Class XI in DAV-AKT Defence Services Preparatory Academy (DSPA) during the academic session 2023-24.
2. I also undertake that subsequent to his/ her admission in DAV-AKT DSPA. I shall not seek Inter School transfer of my son/daughter to any other School of India, whatever may be the reasons thereof.
3. I hereby undertake that I will pay the fees and other allied charges as prescribed from time to time in the Joining Instructions of DAV-AKT Defence Services Preparatory Academy.

Signature _____

Name _____

Address _____

Date: _____

Tele/Mob _____

CORRECTNESS OF NAME FOR EXAM REGISTRATION

Note : Please write full name in block letters

NAME OF THE BOY/GIRL - _____

NAME OF FATHER - _____

NAME OF MOTHER - _____

(Signature of Parent)

INDEMNITY CERTIFICATE (Travel)

In consideration of my son/ward Roll No _____ Name _____
 _____ being allowed at his/her request for the
 travel during winter/midterm and summer vacation or during organized Educational Tours and
 when called at my request on emergency with or without escort, I undertake and agree that
 neither I nor my executor nor administrator will make any claim against any other,
 Instructor or any person in the service of DAV-AKT, Defence Services Preparatory Academy in
 respect of any loss or injury including the death which he may suffer during the travel during
 winter/midterm and summer vacations or during any organized trips like educational tours and
 when called at my request on emergency with or without escort, I understand that no
 compensation will be paid by the Academy for any loss or injury including death and I agree so
 as to bind myself, executors and administrators to indemnify any Officer/Instructor of the
 Academy against any claim.

 (Signature of Parent/Guardian)
 Address _____

Signed by Parent/Guardian in my present
 Witness

(1) _____
 (Signature)

Name _____
 Address _____

Date _____

(2) _____
 (Signature)

Name _____
 Address _____

Date _____

MEDICAL CERTIFICATE

It is certified that Mr/Ms. _____ son/daughter of Mr. _____ is medically fit as per the medical standards for National Defence Academy (NDA) as given out in the Physical Standards/Medical Standards in the Admission details in the DAV-AKT-DSPA website. (www.defence-prep-academy.org).

(Govt. Medical Officer)

ADDRESS

1. Name of the Cadet _____
2. Roll No _____
3. Name of Father _____
4. Address :-

(a) Permanent address _____ _____ Village/Town _____ Post Office _____ District _____ State _____ Pin _____.	(b) Correspondence address _____ _____ Village/Town _____ Post Office _____ District _____ State _____ Pin _____.
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5. Police Station _____
6. Land Line Telephone No with STD Code, If any _____
7. Mobile No (1) _____ (2) _____ (3) _____
8. E-mail ID _____
9. Name, Address & Telephone No with STD Code, If any

(i) _____ _____ _____ _____	(ii) _____ _____ _____ _____
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10. Land Line Telephone No with STD Code, If any _____
11. Mobile No (1) _____ (2) _____ (3) _____
12. E-mail ID (if any) _____
13. Photo copy of Aadhar Card, Self attested.

Date _____

(Signature with name of Parent/Guardian)**Important Instruction:-**

Change in the address and Telephone/Mobile Nos. to be notified as soon as possible.

AFFIDAVIT BY PARENT/ GUARDIAN

1. Mr/ Mrs. _____ (full name of parent/ guardian) father/ mother/ guardian of (full name of Cadet _____) Roll No. _____ having been admitted to DAV-AKT Defence Services Preparatory Academy, Kallakurichi, Tamil Nadu.

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 ward is liable to be cancelled.

Declared this _____ day of _____ month of 2023.

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 twenty three years.

Signature of deponent

INDEMNITY CERTIFICATE (Training)

In consideration of my son/ward Roll No _____ Name _____
 _____ being allowed at his/her request to
 swim in the AKT Swimming Pool, to participate in all training activities to include sports and
 games. I undertake and agree that neither I nor my executor nor administrator will make any
 claim against DAV-AKT DSP Academy. In respect of any loss or injury including the death
 which he may suffer during the above training/swimming and I understand that no
 compensation will be paid by the Academy for any loss or injury including death and I agree so
 as to bind myself, executor and administrators to indemnify any Officer/Instructor of DAV-AKT
 DSP Academy against any claim.

 (Signature of Parent/Guardian)

Address _____

Signed by Parent/Guardian in my present
 Witness

(1) _____
 (Signature)

Name _____

Address _____

Date _____

(2) _____
 (Signature)

Name _____

Address _____

Date _____

UNDERTAKING BY THE CADET

- 1) I (Cadet) _____ Roll No. _____
_____ Son of Shri _____ & Smt _____
_____, have been admitted to DAV-AKT
Defence Services Preparatory Academy, Tamil Nadu 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, 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 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.
- 5) Declared this _____ day of _____ month of two thousand twenty years.

Signature of deponent (Cadet)

Name _____

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 twenty
years.

Signature of deponent (Cadet)

Name _____

UNDERTAKING FROM THE PARENTS & CADETS

1. The primary aim of DAV-AKT Defence Services Preparatory Academy is to prepare the children academically, physically and mentally for entry into the National Defence Academy. In order to achieve this aim, extra classes are conducted for the cadets. In addition, the Academy will be conducting personality development and SSB orientation programmes by engaging the services of qualified expert. A cadet who does not show any interest in attending these classes and gives applications asking to be excused from attending programmes organized by the Academy/indulging in indiscipline is willfully going against the laid down rules and regulations.

2. All students are liable to appear for tests, interviews and medical examination training institutions to which they are to report. **Failure to fulfill this liability, or attempts to leave these institutions prematurely or willful attempts on the part of such boys to undertake this as a procedural formality only will make the parents/guardians liable to refund the entire amount of scholarship/subsidy enjoyed by such students.**

3. Similarly, if the conduct, behavior or influence of a cadet is detrimental to the general discipline of the Academy if the academic performance is not upto the laid down standard, the scholarship money if given, may be withdrawn and necessary steps will be taken to refund the scholarship right from the time of joining the school.

4. IF CADET INDULGES IN ACTS OF INDISCIPLINE LIKE BUNKING, NOT ATTENDING FALL INS, NOT COMING ON TIME, CASUING DAMAGE TO SCHOOL PROPERTY, USING HEATERS, BRINGING MESS UTENSILS/MESS FOOD TO HOSTEL, BEING ABSENT WITHOUT LEAVE, SHOWING DISRESPECT TO THE STAFF IN ANY MANNER AND OTHER ACTS OF GENERAL INDISCIPLINE, IT WILL LEAD TO DISCIPLINARY ACTION AGAINST HIM, LEADING TO THE EXPULSION FROM THE SCHOOL AS WELL AS RECOVERY OF THE SCHOLARSHIPS/SUBSIDIES IF ANY IN FULL.

5. Any changes in contact number specially for defence personnel will be intimated to Academy by the parent.

6. Academy Administration will take strict action against the cadet for the following acts :-
(a) Leaving School without permission/without leave.
(b) Timely Payment of fee.

I, HAVE READ AND FULLY UNDERSTOOD THE RULES MENTIONED ABOVE AND HEREBY UNDERTAKE TO ABIDE BY THE SAME.

Date:

Name:

School No:

House:

COUNTERSIGNED BY PARENT

BIO-DATA

Affix Photo of Father (Size: 3.5 x 2.5 cm)
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Affix Photo of Mother (Size: 3.5 x 2.5 cm)
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Affix Photo of Guardian (Size: 3.5 x 2.5 cm)
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Affix Photo of the Boy (Size:

SECTION-I**PERSONAL PARTICULARS**

01. Name of the Boy/Girl: (a) Own Name _____
 (b) Pet Name _____
02. Age & Date of Birth _____
03. Place of Birth (a) Village/Town _____
 (b) District & State _____
04. Blood Group _____
05. Identification marks
 (a) _____
 (b) _____
06. Mother Tongue _____
07. Aadhaar No. of the Student _____
08. EMIS No. of the Student (to be obtained from the school last studied) _____
09. Language Known (a) To read _____
 (b) To write _____
 (c) To speak only _____
10. Religion _____
11. Nationality _____

12. Place of Domicile _____

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13. Name of the school previously attended with class and medium :

Name of the school & Address	Class studied	From	To	Medium

14. Specific child's eating habits including his/her special likes and dislikes :-

(a) Is he/she a strict vegetarian _____

(b) Does he/she eat egg, meat, fish _____

Chicken, pork? _____

(c) What are his/her special likes? _____

(d) What are his/her special dislikes? _____

15. If he is, at present a vegetarian, would you mind his turning over from vegetarian to non-vegetarian diet ? _____

16. Has he/she any particular weakness which _____
requires special observation including allergies. _____

17. Has he/she been taking interest in hobbies _____
Games and other outdoor activities? _____

18. Specify special interest and attainments. _____

19. What is his/her attitude to studies? _____

20. Does he/she like to study on his own? _____

21. Has he/she had any special problems at home _____

with parents, other family members or _____

with teachers, school friends or with his/her _____

neighbours which you would like to bring _____

to our notice.

22. Address of the parents :-

Permanent Address	Temporary Address	Address of any close relative very near to school.
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23. Contact No. of parents: Landline _____
Mobile No.(Father) _____
Mobile No.(Mother) _____
Mobile No.(Guardian) _____
Mail ID _____

24. Nearest Railway station _____ km from home

25. Nearest Bus stand _____ km from home

26. Any other information which you would _____
Like to convey to us regarding your son _____
or your family. _____

SECTION-II

FAMILY PARTICULARS

27. (a) Particulars regarding the parents:

Name of the Parent	Age	Whether employed Or not?	Designation / Address (Specify office address)
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Father

Mother

b) If any one of both parents are not alive, give the following particulars

Name of deceased Parent.	Year in which Parent expired	Age of the Parent at the time of death	Cause for death of the parent.
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1. _____

2. _____

c) If the child has been adopted, give the following particulars:-

Name of the Natural Father _____

Name of the Natural Mother _____

Name of the Adopted Father _____

Name of the Adopted Mother _____

a. Date of adoption _____

b. Reasons for adoption _____

c. State whether the adopted Father _____

/Mother has any other children _____

if so, give full details of their _____

Name and age. _____

DETAILS OF LEGAL GUARDIAN

28. Details of legal guardian (Other than natural father/ mother)

(a) If father is alive, and if the Child _____

IS UNDER the guardian's _____

control, give reasons for the _____

same. _____

(b) Name of the legal guardian _____

(c) Guardian's relationship with _____

the boy. _____

(d) Occupation of the guardian _____

(e) Guardian's service particulars _____

(f) Annual Income of the Guardian _____

(g) Age & date of birth of the guardian _____

(h) Permanent address of the guardian _____

29. Particulars of the other family members:

Relationship with the boy	Name	Age	Date of Birth	If student mention Name of School and Class	If employed specify position/ income and other particulars
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Brother(s) _____

Sister(s) _____

30. Total income per annum of the parents/ guardian (including income of the mother (if she is working) as under per annum:-

Income derived	By Employment	By Bonus	From Properties	From Lands	From Business	From Agriculture	Total
Father							
Mother							
Guardian							
Total							

Signature of the student.

Signature of the Parent/Guardian

Date: _____

SERVICE CERTIFICATE**FOR SERVING PERSONNEL**

A service certificate as in the following format is to be obtained from the OC Unit presently serving:

The service particulars in respect of

Number _____

Rank _____

Name _____

Is furnished below:

- i. No and rank presently held: _____
- ii. Date of Enrolment: _____
- iii. Present Unit: _____
- iv. Appointment held: _____

Officer Commanding (with official seal)

Agreement by Parent/Guardian for Putting up Scholarship Claim

1. I _____ Son/Daughter of _____
 resident of village/town _____ Taluk _____
 District _____ State _____ to claim the scholarship in
 respect of my son/ward Cadet _____ Roll No. _____
 studying in DAV-AKT Defence Services Preparatory Academy, Kallakurichi, Tamilnadu and I
 hereby agree to abide by the rules laid down by the said Academy as amended from time to time.
 The amount of scholarship received by my son/daughter Cadet _____
 will be refunded in full by me or my legal heir on the following grounds:-

(a) WITHDRAWAL ON DISCIPLINE GROUNDS

If in the opinion of the Director, DAV-AKT- Defence Services Preparatory Academy named above fails to accept the discipline of the Academy and his continued presence is detrimental to the interest of other.

(b) FAILURE TO JOIN NDA/ANY OTHER INSTITUTION AS PRESCRIBED BY ACADEMY

If for any reason not beyond the control of either the boy named above or me the boy fails to pursue his studies at this Academy before appearing for selection for entry into NDA/any institution as may from time to time be prescribed for training for entry into the Regular Armed Forces or fails to appear for the said selection or in the event of his/her not succeeding in the selection, fails to reappear for selection till such time his/her age permit 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 which he/she may be directed to proceed for training for entry into the Regular Armed Forces.

(c) SUBMISSION OF FALSE DOCUMENTS

If after admission any of the documents viz. Certificate of age, School Leaving Certificate, Medical Certificate and Statement of Income submitted by me is found to be false in any way or not in order.

Date: _____

 (Signature of Parent/Guardian)

Date: _____

 (Signature with name and stamp of the
 Magistrate/Ist class Gazetted Officer)

Office seal: