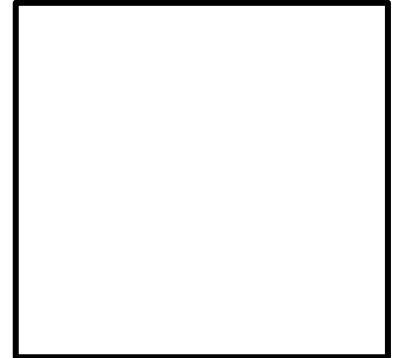




## Admission Form

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Diagnosis, if any: \_\_\_\_\_  
(Please attach a copy of the diagnostic certificate(s) along with this document)

Previously attended school/organization: \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian information

Primary Caregiver (Mother/Father's name): \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Secondary Caregiver (Mother/Father's name): \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Emergency Contact-

Name: \_\_\_\_\_, Relation: \_\_\_\_\_

Email: \_\_\_\_\_, Phone no. \_\_\_\_\_

Present Concerns:

\_\_\_\_\_

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**Medical history (if any):**

**(Please attach a copy of all previous reports and certificates along with this document)**

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**Medication (If any, especially anti-seizures):**

**(Please attach a copy of the prescription and mention the duration of the past and current treatment)**

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**Triggers (if any):**

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**Interests:**

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**Areas of strength:**

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**Areas of development:**

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**If your ward has any food or drug allergies, please list, if any:**

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**Expectations from the organization:**

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Please note- that with reference to any medical condition/medication, during the duration of your ward's time in the training, Evoluer will not be responsible for any incident beyond our purview that might require specialized medical intervention.

Also, it is essential that Parents/Guardians inform Evoluer, if there is any change in the course of their ward's treatment or medication.

**Important information regarding the payment of fees-**

**Security Deposit:**

A refundable security deposit of INR 10,000 is required to secure your admission. The security deposit will be refunded upon completion of your course or upon your withdrawal from the institution, subject to any deductions as deemed necessary by the institution.

**Admission Fees:**

To confirm your admission, an admission fee of INR 10,000 must be submitted along with this form. This fee is non-refundable and covers administrative costs associated with processing your application.

**Fee Payment Schedule:**

Going forward, the monthly tuition fee should be paid by the 7th of each month. Failure to submit the fees by the specified date will result in a fine of INR 1,000 per week, starting from the 8th of the month. If the fees remain unpaid by the end of that month, the admission of your ward may be revoked.

**\*It is important to note that timely payment of fees is essential to maintain your admission status and to avoid any inconvenience.**

**Primary caregiver name:**

**Secondary caregiver name:**

**Signature:**

**Signature:**

**Place:**

**Place:**

**Date:**

**Date:**

**For Office Use Only**

**Date of Admission - \_\_\_\_\_**

**Admission No - \_\_\_\_\_**

**Program Applied for - \_\_\_\_\_**