

ADMISSION FORM

NATIONAL INSTITUTE FOR THE VISUALLY IMPAIRED, KHALING

A. Bio-data of child/ward

1. Name of the child: _____ Male Female
2. Date of birth: Bhutanese calendar year:
3. Birth weight: kg Blood group Rh
4. Birth history: Uncomplicated premature weekly gestation weeks
5. Complicated (Description) _____
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B. Bio-data of parents:

- | | |
|--------------------|---------------------|
| 1. Name of father: | Date/Year of Birth: |
| 2. CID Number: | Village/Thromde: |
| 3. Gung No.: | Thram No: |
| 4. Gewog: | Dungkhag: |
| 5. Dzongkhag: | Contact No. |
| 6. Name of mother: | Date/Year of Birth: |
| 7. CID Number: | Village/Thromde: |
| 8. Gung No.: | Thram No: |
| 9. Gewog: | Dungkhag: |
| 10. Dzongkhag: | Contact No. |

C. Bio-data of guardian:

- | | |
|----------------------|---------------------|
| 1. Name of Guardian: | Date/Year of Birth: |
| 2. CID Number: | Village/Thromde: |
| 3. Gung No.: | Thram No.: |
| 4. Gewog: | Dungkhag: |
| 5. Dzongkhag: | Contact No. |

D. Admission:

1. New health card
2. Transfer case Documents attested: TC Progress report
3. Medical certificate

E. Medical History: _____

F. Recommendation/suggestions by the admission committee:

G. Status of admission: Rejected Admitted

H. Admission No.: **Date:**