



# FERMONT NURSERY AND PRIMARY SCHOOL

## VOLUNTEER APPLICATION NO:

Preferred Area for Volunteering

Date

Enrollment No :

Blood Group :

Aadhaar No :

Gender :

☐

Male

☐

Female

Full Name :

Marital Status :

☐

Single

☐

Married

DOB :

D

D

M

M

Y

Y

Y

Y

Father / Spouse Name. :

Phone :

Address :

Emergency Contact :

Emergency Contact :

Education :

Experience :

Other Details:

Documents Submitted :

Declaration :

I have read and understood the institute's rules and regulations and confirmed that I meet the specified eligibility requirements. I have accurately provided the necessary information and documents. I will submit any additional documents if required in the future. I acknowledge that my volunteer contract may be terminated if the submitted information or documents are found to be incorrect or misleading. The school has full authority to take appropriate actions, which I will accept. Furthermore, if any information provided by me in the future is incorrect, the school has the right to terminate my volunteer contract at any time.

Signature