Kidderpore Childs World English Medium School

4/3/H/3 Bhukailash Road, Kolkata 700023 (West Bengal)
Website: www.kcwskolkata.org Email: kcwskolkata@gmail.com
Ph. 033 2449 5913

| Admission No. | Imission No. KCWS/1027 | | Year 2023-2024 | | 0000-00-00 |
|---------------|------------------------|-------------|-----------------------|-------------|------------|
| | | | | | |
| Affix photo | of Father | Affix photo | of M other | Affix photo | of Student |

| INFORMATION OF THE CHILD | | | | | | | |
|--------------------------|---------------------|-------------|--------------------------------------|----------------|--------|---------|--|
| Full Name | SHAZIA UMAR | | | | | | |
| Date Of Birth. | 2011-10-31 | Gender | Female Admitted in Class | | 9 | | |
| Aadhar No | | Community | Female | Languages Know | | | |
| Mother Tangue | | Blood Group | | | Height | | |
| Religion | Islan | n | Nationality | Indian | | | |
| PE | RMANENT ADDRESS | | CORRESPONDENCE ADDRESS | | | | |
| 39J/1,EKBAI | | | | | | | |
| Father Mobile No: | 7003512 | 2606 | Mother Mobile No : 7596936491 | | | | |
| Email Id | • | | Email Id | | | | |
| Prefrred phone Nu | mber for school SMS | 70035 | Distance from school (in Kms): | | | n Kms): | |

| EMERGENCY CONTACT (Should Provide Local Contacts) | | | | | | | |
|---|--|--------------|--|----------------------|------------|--|--|
| Name | | Relationship | | Emergency ContactNo. | 7003512606 | | |

| | | | | | FAMILY IN | FORM | OITA | 1 | | | | |
|-------------------------------|---------------------|-------------|----------------------|-------------------------------|--|-------------------|---------|----------|-----------|-----------|------------------|------------|
| FATHER | | | | | | MOTHER/GUARDIAN | | | | | | |
| ull Name | | | Мс | d Umar | | Full Name Sa | | | Sarwa | ari Begum | | |
| ige (| 0 | Nationa | ality | | | Age | (|) | Natio | nality | | |
| ducation | | | М | lobile No | 7003512606 | Educ | ation | | | М | obile No | 9330704894 |
| stitution | | | • | | | Instit | ution | | | • | | |
| Occup | oation | | | | | | Occup | oation | | | | |
| Annual Income | | | | | Annual Income | | | | | | | |
| Office Address Office Address | | | | | | | | | | | | |
| Desig | Designation | | | | Designation | | | | | | | |
| Aadh | ar No | | | | | | Aadh | ar No | | | | |
| | | | | | | | | | | | | |
| | | | | Sir | ngle Parent(O | nly if | applic | able) | | | | |
| Single Pare | ent | no | | Father | | | | N | Mother | | | |
| Ad | dress | | | | | | | | | | | |
| If c | hild is | sponso | red(Aç | gency nan | ne) | | | | | | | |
| | | | | | | | | | | | | |
| | 1 | | | Details | of Brothers/S | Sisters | of th | e Stud | dent | | | |
| Name | | | | | | Age Class | | | | | | |
| Instit | ution | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | Incase of | staff | ward | | | | | |
| Name of t | the par | rent | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | DE | TAILS OF PE | | | | | | | |
| Year | 0 | Clas | | | Grade/Ma | | | | al exar | ns: | | |
| The previo | | | | | | | Schoo | | | | | |
| Awards | won s | o far in s | ports, | arts or ac | ademics | | | | | | | |
| ecessarv for | guardia r anv re | ason. I ded | ake the clare the | e responsibil at the state | hority to admit m ity of providing a ments provided ir anglements, imp nagement. I argre | ny evidenthis and | ence ne | n are co | orrect to | mv know | mation proviedae | if found |
| | | | | ardian wi | | | | | | | | nstitution |

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|---|-------------|--|--|--|--|--|--|
| Name | SHAZIA UMAR | | | | | | |
| Class | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |