



# Kidderpore Childs World English Medium School

4/3/H/3 Bhukailash Road, Kolkata 700023 (West Bengal)

Website : [www.kcwskolkata.org](http://www.kcwskolkata.org) Email : [kcwskolkata@gmail.com](mailto:kcwskolkata@gmail.com)

Ph. 033 2449 5913

Admission No.	KCWS/1291	Year	2023-2024	Date of Admission	2021-01-16
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Affix photo of Father	Affix photo of Mother	Affix photo of Student
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INFORMATION OF THE CHILD					
Full Name	MD. FAZLE HUSSAIN				
Date Of Birth.	2010-04-28	Gender	Male	Admitted in Class	12
Aadhar No		Community	Male	Languages Know	
Mother Tanguue		Blood Group		Height	
Religion	Islam		Nationality	Indian	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
4/3/H/17, Bhukailash Road, Kolkata - 700023.					
Father Mobile No:	8240841159		Mother Mobile No :	7003033381	
Email Id			Email Id		
Prefrred phone Number for school SMS	9748934774		Distance from school (in Kms):		

EMERGENCY CONTACT (Should Provide Local Contacts)					
Name	Mahmood Alam	Relationship	Father	Emergency ContactNo.	8240841159

FAMILY INFORMATION							
FATHER				MOTHER/GUARDIAN			
Full Name	Mahmood Alam			Full Name	Saira Begum		
Age	0	Nationality		Age	0	Nationality	
Education		Mobile No	8240841159	Education		Mobile No	
Institution				Institution			
Occupation				Occupation			
Annual Income				Annual Income			
Office Address				Office Address			
Designation				Designation			
Aadhar No				Aadhar No			

Single Parent(Only if applicable)					
Single Parent	no	Father		Mother	
Address					
If child is sponsored(Agency name)					

Details of Brothers/Sisters of the Student					
Name		Age		Class	
Institution					

Incuse of staff ward	
Name of the parent	

DETAILS OF PREVIOUS STUDY					
Year	0	Class		Grade/Marks obtained in final exams:	
The previous school affiliated to:			School		
Awards won so far in sports,arts or academics					

### Declaration

I \_\_\_\_\_ have the authority to admit my child/ Ward \_\_\_\_\_ into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found sickness or injury from whatever source, legal entanglements, imprisonment, loss of life or money, which might occur while my child is otherwise, i shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school

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Signature of Parent or Guardian with date

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Signature of the Head of the Institution



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**Name** MD. FAZLE HUSSAIN

**Class**

**Address**