



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.	KCWS/1485	Year	2023-2024	Date of Admission	2021-02-10
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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. ARSHALAN HOSSAIN				
Date Of Birth.	2012-05-09	Gender	Male	Admitted in Class	11
Aadhar No	666026105460	Community	Male	Languages Know	
Mother Tangué		Blood Group		Height	
Religion	Islam		Nationality	Indian	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
6/H/2, M.M. Ali Road, Kolkata - 700023.					
Father Mobile No:	8274014926		Mother Mobile No :	9433359790	
Email Id			Email Id		
Prefred phone Number for school SMS	8240667889		Distance from school (in Kms):		

EMERGENCY CONTACT (Should Provide Local Contacts)					
Name	Arshad Hossain	Relationship	Father	Emergency ContactNo.	9433766802

FAMILY INFORMATION							
FATHER				MOTHER/GUARDIAN			
Full Name	Arshad Hossain			Full Name	Mumtaz Ara Begum		
Age	0	Nationality		Age	0	Nationality	
Education		Mobile No	9433766802	Education		Mobile No	
Institution				Institution			
Occupation	Business			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	2020	Class	III	Grade/Marks obtained in final exams:	
The previous school affiliated to:	icse		School	Loyola High 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

Signature of Parent or Guardian with date

Signature of the Head of the Institution



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Name MD. ARSHALAN HOSSAIN

Class

Address