



Kidderpore Childs World English Medium School

4/3/H/3 Bhukailash Road, Kolkata 70023 (West Bengal)

Website : www.kcwskolkata.org Email : kcwskolkata@gmail.com

Ph. 033 2449 5913

| | | | | | |
|---------------|-----------|------|-----------|-------------------|------------|
| Admission No. | KCWS/1947 | Year | 2023-2024 | Date of Admission | 2022-12-12 |
|---------------|-----------|------|-----------|-------------------|------------|

| | | |
|-----------------------|-----------------------|------------------------|
| Affix photo of Father | Affix photo of Mother | Affix photo of Student |
|-----------------------|-----------------------|------------------------|

| INFORMATION OF THE CHILD | | | | | |
|---|--------------|-------------|--------------------------------|-------------------|---|
| Full Name | MD SAMI | | | | |
| Date Of Birth. | 2016-01-30 | Gender | Male | Admitted in Class | 5 |
| Aadhar No | 284083008022 | Community | Male | Languages Know | |
| Mother Tanguue | | Blood Group | | Height | |
| Religion | ISLAM | | Nationality | INDIAN | |
| PERMANENT ADDRESS | | | CORRESPONDENCE ADDRESS | | |
| 3/H/20, BHUKAILASH ROAD KOLKATA 700 023 | | | | | |
| Father Mobile No: | 9062971160 | | Mother Mobile No : | 9336682099 | |
| Email Id | | | Email Id | | |
| Prefrred phone Number for school SMS | 9336682099 | | Distance from school (in Kms): | | |

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

| FAMILY INFORMATION | | | | | | | |
|--------------------|----------------|-------------|--|-----------------|--------------|-------------|--|
| FATHER | | | | MOTHER/GUARDIAN | | | |
| Full Name | MOHAMMAD WASIM | | | Full Name | KANIZ FATIMA | | |
| Age | 0 | Nationality | | Age | 0 | Nationality | |
| Education | | Mobile No | | Education | | Mobile No | |
| Institution | | | | Institution | | | |
| Occupation | LABOUR | | | Occupation | HOUSEWIFE | | |
| Annual Income | | | | Annual Income | | | |
| Office Address | | | | Office Address | | | |
| Designation | | | | Designation | | | |
| Aadhar No | 623369704079 | | | Aadhar No | 206566402626 | | |

| Single Parent(Only if applicable) | | | | | |
|------------------------------------|--|--------|--|--------|--|
| Single Parent | | 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

Signature of Parent or Guardian with date

Signature of the Head of the Institution



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Name MD SAMI

Class

Address