



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/2122	Year	2023-2024	Date of Admission	2023-01-13
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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 QUAISH				
Date Of Birth.	2012-03-16	Gender	Male	Admitted in Class	7
Aadhar No		Community	Male	Languages Know	
Mother Tangué		Blood Group		Height	
Religion	ISLAM		Nationality	INDIAN	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
125A, KARL MARX SARANI KOLKATA 700 023					
Father Mobile No:	7980555917		Mother Mobile No :	9903517640	
Email Id			Email Id		
Prefred phone Number for school SMS		7980555917		Distance from school (in Kms):	

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

FAMILY INFORMATION											
FATHER					MOTHER/GUARDIAN						
Full Name	DILSHAD AHMED				Full Name	KHUSBU KHATOON					
Age	0	Nationality			Age	0	Nationality				
Education			Mobile No			Education			Mobile No		
Institution					Institution						
Occupation	MOBILE REPAIRING				Occupation	HOUSEWIFE					
Annual Income					Annual Income						
Office Address					Office Address						
Designation					Designation						
Aadhar No	880045581273				Aadhar No	266347987257					

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							

Inc case of staff ward	
Name of the parent	

DETAILS OF PREVIOUS STUDY						
Year	0	Class	III	Grade/Marks obtained in final exams:		
The previous school affiliated to:					School	ST PETER'S CONVENT 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 QUAISH

Class

Address

