



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/2189	Year	2023-2024	Date of Admission	2023-01-31
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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 ABDULLAH				
Date Of Birth.	2018-09-18	Gender	Male	Admitted in Class	16
Aadhar No		Community	Male	Languages Know	
Mother Tangué		Blood Group		Height	
Religion	ISLAM		Nationality	INDIAN	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
41/H/8, DR SUDHIR BASU ROAD KOLKATA 700 023					
Father Mobile No:	8910724039		Mother Mobile No :	6289473144	
Email Id			Email Id		
Prefred phone Number for school SMS		6289473144		Distance from school (in Kms):	

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

FAMILY INFORMATION											
FATHER					MOTHER/GUARDIAN						
Full Name	MD KUNAIN AKHTAR				Full Name	MUSSARAT KHATOON					
Age	0	Nationality			Age	0	Nationality				
Education			Mobile No			Education			Mobile No		
Institution					Institution						
Occupation	BUSINESS				Occupation	HOUSEWIFE					
Annual Income					Annual Income						
Office Address					Office Address						
Designation					Designation						
Aadhar No	674842299796				Aadhar No	841363632532					

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		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 ABDULLAH

Class

Address

