



# 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/2821	Year	2023-2024	Date of Admission	2025-02-17
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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	RASHIKA MALLICK				
Date Of Birth.	2021-11-27	Gender	Female	Admitted in Class	13
Aadhar No		Community	General	Languages Know	
Mother Tangué		Blood Group		Height	
Religion	Hindu		Nationality		
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
7/2, Clyde Row Hastings, Kolkata 700023.					
Father Mobile No:	6290640074		Mother Mobile No :	9674373930	
Email Id			Email Id		
Prefred phone Number for school SMS		6290640074		Distance from school (in Kms):	

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

FAMILY INFORMATION									
FATHER					MOTHER/GUARDIAN				
Full Name	Rohit Mallick				Full Name	Shalini Kumari			
Age	0	Nationality			Age	0	Nationality		
Education			Mobile No		Education			Mobile No	
Institution					Institution				
Occupation	Service				Occupation	Housewife			
Annual Income					Annual Income				
Office Address					Office Address				
Designation					Designation				
Aadhar No	966318959459				Aadhar No	575303186088			

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

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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** RASHIKA MALLICK

**Class**

**Address**

