



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/3078	Year	2023-2024	Date of Admission	2026-01-21
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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 ZOHAN ASHRAF KHAN				
Date Of Birth.	2020-04-11	Gender	Male	Admitted in Class	15
Aadhar No		Community	Male	Languages Know	
Mother Tangué		Blood Group		Height	
Religion	Islam		Nationality	Indian	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
4/2/B/H/22, BHUKAILASH ROAD KOLKATA 7000 23					
Father Mobile No:	9875395455		Mother Mobile No :	9062165900	
Email Id			Email Id		
Prefred phone Number for school SMS		9062165900		Distance from school (in Kms):	

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

FAMILY INFORMATION									
FATHER					MOTHER/GUARDIAN				
Full Name	MD KAFEEL ASHRAF KHAN				Full Name	SAJDA SAYEED			
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	928425635624				Aadhar No	416397068059			

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	LKG	Grade/Marks obtained in final exams:		
The previous school affiliated to:				School	GEMS GLOBAL 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 ZOHAN ASHRAF KHAN

Class

Address