



# 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/3102	Year	2023-2024	Date of Admission	2026-02-06
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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 YASIN RAZA				
Date Of Birth.	2015-06-11	Gender	Male	Admitted in Class	7
Aadhar No	790590690554	Community	General	Languages Know	
Mother Tangué		Blood Group		Height	
Religion	Islam		Nationality	Indian	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
16, Dent Mission Road, Kolkata 7023.					
Father Mobile No:	8100346975		Mother Mobile No :	8420715037	
Email Id			Email Id		
Prefrred phone Number for school SMS	8100346975		Distance from school (in Kms):		

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

FAMILY INFORMATION							
FATHER				MOTHER/GUARDIAN			
Full Name	Md. Aquil			Full Name	Tamanna Khatoon		
Age	0	Nationality		Age	0	Nationality	
Education		Mobile No		Education		Mobile No	
Institution				Institution			
Occupation	Cook			Occupation	Housewife		
Annual Income				Annual Income			
Office Address				Office Address			
Designation				Designation			
Aadhar No	FND2494186			Aadhar No	328109904806		

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	2025	Class	IV	Grade/Marks obtained in final exams:	
The previous school affiliated to:			School	Padda Pukur central Point 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** MD YASIN RAZA

**Class**

**Address**