# **FOR THE SESSION 2025-26**

***Regd. Form No. :***

# ***Rs. 100/=***



( Affiliated to I.C.S.E & I.S.C. New Delhi )

170/295A, N.S.C Bose Road

( 2/45A, Netaji Nagar )

Kolkata – 700 092

 4006-9773, 2411- 6027

***SEEKING ADMISSION TO CLASS :***

 *1. Name of the Child/Student : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 (*IN BLOCK LETTERS*)

*2.* *Gender : Male / Female*

*3.* *Date of Birth* : \_\_/\_\_*/\_\_(xerox copy of birth certificate to be attached*)

*4. Last School Attended : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*5.* *Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*6. Occupation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *(if service nature of Employment or if business, specify nature of business)*

*7. Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*8. Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *(if service nature of Employment or if business, specify nature of business)*

*9. Monthly Income of parents Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*10. Residential Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*11. Telephone No. Resi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office : \_\_\_\_\_\_\_\_\_\_\_\_*

*12. Name of Local Guardian if any : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*13. Signature of the Guardian with Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**N.B** Copy of the **TRANSFER CERTIFICATE** should be furnished at the time of Admission