



# BIDYA BHARATI SCHOOL (MOMINPORE)

DISTANCE FROM SCHOOL

- Within 5 Kms
- Above 5 Kms
- Above 10 Kms

44/2, D. H. Road, Kolkata - 700 027

Phone : 2449 - 1009 / 98301 40732 / 98749 90556

Email : mominporebidyabharatischool@gmail.com

Reg. No. 20 /

## APPLICATION FOR ADMISSION

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS ONLY

Admission to Class : .....

Stamp Size recent Photograph of Student	Stamp Size recent Photograph of Father	Stamp Size recent Photograph of Mother	<b>Student Blood Group</b>

Student's Name : .....

(As Given in the Municipal Corporation Birth Certificate)

Year / Month

Date of Birth :  Age as on 31st Dec. 23

(Copy of Municipal Corporation Birth Certificate to be attached )

Preferred 2nd Language :  Hindi  Bengali

Nationality : .....Religion : .....Mother Tongue : .....

Permanent Address : .....

.....Phone (R).....

Local Address : .....

.....Phone (R).....

School Last Attended : .....

Address : .....

.....Phone (O).....

Father's Name : .....

Academic Qualification : .....School : .....

(Photocopy of Certificate to be attached)

Occupation / Designation : .....

Company Name & Address : .....

Mobile No. : .....Phone (O).....Email : .....

Mother's Name : .....

Academic Qualification : .....School : .....

(Photocopy of Certificate to be attached)

Occupation / Designation : .....

Company Name & Address : .....

Mobile No. : .....Phone (O).....Email : .....

Total Family Income per Month : .....

Copy of Salary Certificate to be attached for Salaried Individual. Copy of Licence or Tax Return to be attached in case of Business People.

Sisters of Student and School attended : .....

Proficiency in other Language / Sports / Other activities.....

Other Family Members staying with the Student (Brother / Sisters/ Grandparents etc.)

NAME	Relationship	Age

Has the Child suffered from any major illness recently?

Does the Child have any chronic ailment / allergy / any other Medical history?

Contact Persons (in case of Emergency)

Name : .....

Relation to the Student.....

Mobile No. : .....Phone (R).....Phone (O).....

Family Doctor's Name : .....

Mobile No. : .....Phone (R).....Phone (O).....

What would you like your child to grow up to be? (Express in brief)

I / We hereby declare that all the information furnished in this form are true & up to date.

Signature of Father

Signature of Mother

Date : .....

**FOR OFFICE USE ONLY**

Date of Admission : .....Session : ..... Class : .....

Section : .....2nd Language  Hindi  Bengali

Documents Submitted  Transfer Certificate  Attested Copy of Birth Certificate

Checked by.....Principial.....

Date.....