ALABIKA PUBLIC SCHOOL

MALABIKA PUBLIC SCHOOL **CO-EDUCATION :: ENGLISH MEDIUM**

YOURS HOPE :: OUR DREAM

Estd.-3rd Dec. 2019

Serpur Etowaribar, Mecheda Bypass More, (Beside of Sanjiban Hospital) Contai, Purba Medinipur, W.B., 721401. Govt.Regd.-



STUDENT'S ADMISSION FORM

Admission Nursery LKG UKG STD-I STD-II Seeking in STD-III STD-IV Class-V Class-VI (Put tick marks) Class-VII Class-VIII Class-IX Class-X Candidate's Personal Details: Student's Name: Class - Copy of Birth Certificate SC/ST/OBC/General Copy of Certificate Copy of Certif	Attach a recent P.P. Size Colour Photograph
Gender: Nationality: Religion: Identification Marks: Present School, if any: First Language: Other Language Known: AADHAAR No.: Blood Group: Residential Address and family information:	
Address : At	
Full Name: Qualification: Occupation: Designation: Phone: E-mail:	Attach a recent P.P. Size Colour Photograph

Mother:- Full Name: Qualification: Occupation: Designation: Designation: Phone: E-mail: Guardian:- (if applicable) Full Name: Relation with Student: Phone: Phone: Phone: Phone: Relation with Student: P-P. Size colour Photograph Attach a recent P.P. Size colour Photograph Full Name: Attach a recent P.P. Size colour Phone: P-P. Size colour Photograph E-mail: Name and Address of the. Persons to be contacted. (in case of emergency) and Mobile No. DECLARATION I/we confirm that all the information provided by me/us is correct. I/we further agree to inform the school promptly, in writing of any subsequent changes. I/we agree to meet financial responsibilities promptly. I/we understand that any in correct information given by me/us. Will sender this application invalid and consequently the admission granted will be cancelled. Date Signature Parents / Guardian FOR SCHOOL OFFICE USE ONLY Checklist: P.P. Size Photo of the student Transfer Certificate Blood Group Copy Admission Fees Name of the Student Class Section Signature (Seal) (Admission Officer)				
Qualification: Occupation: Designation: Phone: E-mail: Guardian: (if applicable) Full Name: Relation with Student: Phone: E-mail: Name and Address of the Persons to be contacted. (in case of emergency) and Mobile No. DECLARATION I/we confirm that all the information provided by me/us is correct. I/we further agree to inform the school promptly, in writing of any subsequent changes. I/we agree to meet financial responsibilities promptly. I/we understand that any in correct information given by me/us. Will sender this application invalid and consequently the admission granted will be cancelled. Date: Birth Certificate P.P. Size Photo of the student Cast Certificate P.P. Size Photo Parents / Guardian FOR SCHOOL OFFICE USE ONLY Checklist: Transfer Certificate Blood Group Copy P.P. Size Photo Parents / Guardian Signature (Seal)	Mother:-		\$ >	
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Occupation:	Qualification :			
Designation: Photograph Phone: E-mail: Guardian: (if applicable) Full Name: Attach a recent P.P. Size Photo Parents / Guardian FOR SCHOOL OFFICE USE ONLY Class Section Signature (Seal) Signature (Seal) Signature (Seal) Signature (Seal) Signature (Seal) Signature (Seal)	Occupation :			
E-mail: E-mail:	Designation :			
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Guardian:- (if applicable) Full Name:				
Full Name:			,	
Relation with Student:	, 			
Phone:	Full Name:			
Photograph E-mail: Name and Address of the Persons to be contacted	Relation with Student:			
Name and Address of the Persons to be contacted	Phone:			
Persons to be contacted	E-mail:			
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Name of the Student				
Class Section	Admission Fees			
Class Section	Name of the Student			
Signature (Seal)	Class Section			
	Date	(Aa		