

# ADMISSION FORM



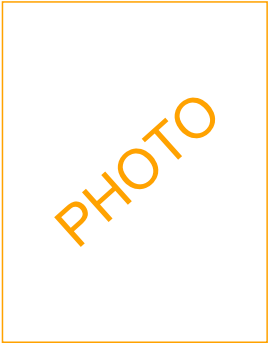
# SISHUTIRTHA

## Nursary to Class-IV

GHUNI, SEULIPARA, NEWTOWN, KOLKATA-700157

CONTACT NO.: 8240447796 / 9903801704 / 9830327202

E-Mail : info@sishutirtha.in



Applied for Class: \_\_\_\_\_ Session: \_\_\_\_\_ Date: \_\_\_\_\_

Name

Father's Name

Adhar No.

Mother's Name

Religion

Nationality

D.O.B

Gender  M  F

Any Physical Deformities -  Yes  No (If Yes Attatch Documents.)

Address : \_\_\_\_\_

Father's Phone  Mother's Phone

Father's Occupation \_\_\_\_\_ Monthly Income

Previous School Name

Reason for Leaving School \_\_\_\_\_

Admission Reference  Banner  School Teacher  Self  Other

**Declaration :** I hereby declare that all the information provided above is true to the best of my knowledge.

\_\_\_\_\_  
Father's Signeture

\_\_\_\_\_  
Mother's Signeture

### For Office Use Only

Application no. \_\_\_\_\_ Admission Reg. No. \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_  
Signature Of Head Master/ Mistress

\_\_\_\_\_  
Signature Of Principal