

## e-Kids

Pandav Nagar, Guwahati-781012 Mob: 9101576805; Landline: (0361) 3168339

Registration No.

(for office use only)

FORM No.

Date of Issue:

## **ADMISSION FORM**

Note: Parents must fill up the form correctly (Name should be written in CAPITAL LETTERS)

I am / We are seeking admission for my / our ward in Standard

	PERSONA	AL DATA OF STUDENT	
Name :			
First Name		Middle Name	Last Name
Father's Name :			
Mother's Name :			
Guardian's Name :			
Date of Birth (In figures) :		/Format (D	D/MM/YYYY) e.g. 07/12/2001
In words :			
Attach Photostat copy of the date	e of birth certific	cate issued by the Municipal C	orporation
Addhar Card No.:			
Place of Birth :	City	Dist	State
Physical problems/Disability (if a	ny) :		
Religion:	Caste :	Nation	ality:
Blood Group :	Mo	ther Tongue :	
Standard to which admission is	sought :		
Residential Address :			
		,	
City:	State :	Pi	n:
Res. Tel No.:			
Distances from Residence to Sci			

Reason for leaving the last Scho	ol :		
Student resides with Father	Father & Mother / Mother / Father / Guardian		
PARENT'S DETAILS :	PARENT'S DETAILS :		
Father's Name :	Mother's Name :		
Qualification :	Qualification :		
Domicile :	Domicile :		
	Occupation :		
Annual Income :	Annual Income :		
Office Add :	Office Add :		
Phone No. :	Phone No. :		
Fax No.:	Fax No.:		
E-mail ID :	E-mail ID :		
Hobbies :	Hobbies :		
Field of Interest :	Field of Interest :		
Extra Curricular Activities :	Extra Curricular Activities :		

To, The Principal, E-Kids Global Academy Pandav Nagar, Guwahati-781012

This is to request you to admit my daughter/son to your school. We agree to abide by all rules of the school that will be in force from time to time. We shall be responsible for the payment of all the dues of the school. We also know that the school runs on No Grant Basis. We hereby declare that the information given above is true to the best of our knowledge and belief.

Date: