

FORM NO:					
MET NO:	С	7	T		

## Admission 2024-25

## STUDENT DATA FORM

BSP STUDENT CODE	ADMISS	SION NUMBER / YEAR		
1 P 1 P 1 THE SO		Office Use only		
Office Use only	· M			
Registration Date of Regi	istration	Affix recent Colour		
Office Use only	1	Photograph Of the		
Use only Block letters. Please provide all details withou	t leaving any blanks.	Candidate (Passport Size)		
Name		(i doopoit Gize)		
First Name Middle Name	Last Name	11 / 1		
Admission Sought in Class Date of Birth	G	ender M F T		
Child's Aadhaar No.	TABLE			
Primary Contact Information for Communication				
Contact Person's Name				
Relationship with the Stud <mark>e</mark> nt				
Address		0		
labitation or Locality	Block/Munc/Corp			
Panchayet / Ward NoPol				
Post Office PIN Code	District			
Email ID	Mobile Number			
Whatsapp No.				
Previous School / Montessori Details	Nationality Religion			
Name of the School	Cast : SC	ST		
UDISE NO.	OBC A/B	General		
Address	Admission Type : First Tir Whether Child With Special			
City State	Whether child has been s  Deficit Hyperactive Disord	creened for Attention		
	Single Parent : Yes			
Country Pin Code	Legal Guardian ( If Si	ngle Parent is selected		
Last Class Attended	Father	Mother		
Board Medium of Instruction	2ND LANGUAGE BENGALI			
mediani oi instruction		S NURSERY TO CLASS VII		
2nd Language 3rd Language	3RD LANGUAGE HINDI / FOREIGN LANG	JAGE		
lease attach the following documents (Guardian Attested				
☐ Birth Certificate ☐ Previous Class Report Card ☐ 4Phot ☐ Photocopy of PAN card (any one parent) ☐ Aadhaar Card o				
Certificate of Health by a registered medical practitioner	Blood Group Certificate	/ 7 15 1		
_ast Academic Performance record (Please put % Marks) f				
English 2nd Language Mathematics General S	cience Social Science	EVS Others		
	10			

## PAGE NO.

## Father Name Affix recent **First Name** Middle Name Last Name Colour Photograph \_\_\_ Year of Passing Qualification \_\_\_ Of Father Name of the Collage/University/Institution \_\_\_\_ (Passport Size) Professional Qualification (if any) \_\_\_\_\_ Residential Address Mobile No. PAN NO. Mother Tongue \_ Pvt. Business Professional Others Work Detail / Occupation Type : Service Govt. Organisation Name\_\_\_\_ Annual Income (INR) Designation \_\_\_\_\_ Office Address Mother Name Affix recent First Name Middle Name Last Name Colour Year of Passing \_\_ Qualification \_\_\_\_\_ **Photograph** Of Father Name of the Collage/University/Institution (Passport Size) Professional Qualification (if any) Residential Address Mobile No. PAN NO. Mother Tongue Work Detail / Occupation Type : Service Govt. Pvt. Business Professional Others Organisation Name Annual Income (INR) Designation Office Address Details of Siblings SI No. Name Age **Current School** Class have read the School's rules and regulations and hereby agree to abide by the same. All the school authority reserves the right to cancel the Registration from as well as the admission of the child. I also hereby agree to abide by the school rule that the school reserves the right to issue compulsory transfer certificate to the child for any act of indiscipline. I have read and fully understood these conditions and declarations **Place** Signature of the Father Name Date Signature of the Mother Name **OFFICE USE ONLY**

Signature of the Verifying Officer Signature of the Accountant Signature of the Principal