



# Airport School - Ahmedabad

CBSE AFFILIATION NO. 430133

ADDRESS : AAI RESIDENTIAL QUARTERS, OPP. SVP  
INTERNATIONAL AIRPORT, SARDARNAGAR, AHMEDABAD - 382475

PHONE : 079-22864175, 22869014

EMAIL: info@airportschoolahm.in

WEBSITE : www.airportschoolahm.in

child  
photograph

GR No. 4576

Student Details			
STUDENT FIRST NAME	: KEYAN	DATE OF BIRTH (IN WORDS)	: FOURTEENTH DECEMBER TWENTY ONE NINE
STUDENT MIDDLE NAME	: AMITKUMAR		
STUDENT LAST NAME	: JASWANI	ORDINAL POSITION OF THE CHILD	: 2ND CHILD
AADHAR NUMBER	: 961359410198	BLOOD GROUP	: O+
GENDER	: MALE	NATIONALITY	: INDIAN
CLASS FOR WHICH ADMISSION IS SOUGHT	: NURSERY	CATEGORY	: GENERAL
ELECTIVE SUBJECTS	:	CASTE	: SINDHI
CONTACT NO	: 7600339722	RELIGION	: HINDU
PLACE OF BIRTH	: AHMEDABAD	SPECIAL SKILLS & INTERESTS	: DANCE
DATE OF BIRTH (IN FIGURES)	: 14-12-2019	LAST SCHOOL ATTENDED	:
Address			
PRESENT ADDRESS	: 5 , SHIVSAGAR BUNGLOW NEAR BODHARAM DARBAR BUNGLOW AREA KUBERNAGAR	PERMANENT ADDRESS	: 5 , SHIVSAGAR BUNGLOW NEAR BODHARAM DARBAR BUNGLOW AREA KUBERNAGAR
TALUKA	: AHMEDABAD	TALUKA	: AHMEDABAD
DISTRICT	: AHMEDABAD	DISTRICT	: AHMEDABAD
STATE	: GUJARAT	STATE	: GUJARAT
PIN CODE	: 382340	PIN CODE	: 382340
COUNTRY	: INDIA	COUNTRY	: INDIA
Parent's Details			
FATHER'S FULL NAME	: MR JASWANI AMITKUMAR	MOTHER'S FULL NAME	: MS RIDDHI JASWANI
EDUCATIONAL QUALIFICATION	: 12TH	EDUCATIONAL QUALIFICATION	: 12TH
LANGUAGES KNOWN	: HINDI, GUJARATI, SINDHI	LANGUAGES KNOWN	: ENGLISH, HINDI, GUJARATI, SINDHI
BUSINESS/SERVICE	: BUSINESS	BUSINESS/SERVICE	: HOMEMAKER
DETAILS OF BUSINESS	: ELECTRONIC	DETAILS OF BUSINESS	:
DESIGNATION (IF IN SERVICE)	:	DESIGNATION (IF IN SERVICE)	:
MOBILE NO.	: 8141907145	MOBILE NO.	: 7600339722
EMAIL ID	: amitjaswani90@gmail.com	EMAIL ID	: aartigidhwani16@gmail.com
BUSINESS/SERVICE ADDRESS	: RELIEF ROAD AHMEDABAD	BUSINESS/SERVICE ADDRESS	:
MONTHLY INCOME OF PARENTS	: 75000		
Brothers/Sisters Details			
FULL NAME	: KAVYA AMITKUMAR JASWANI	CLASS / DIVISION	: 3 / C
FULL NAME	:	CLASS / DIVISION	: /
FULL NAME	:	CLASS / DIVISION	: /

Guardian's Details			
GUARDIAN'S FULL NAME :		EDUCATIONAL QUALIFICATION :	
MOBILE NO. :		LANGUAGES KNOWN :	
EMAIL ID :		BUSINESS/SERVICE :	
GUARDIAN ADDRESS :		DETAILS OF BUSINESS :	
DESIGNATION (IF IN SERVICE) :		BUSINESS/SERVICE ADDRESS :	
RELATIONSHIP WITH CHILD :			
<p>We certify that all information stated by us in this form, to the best of our knowledge, is correct and we agree that if any information is found incorrect after admission of our child, the institution at its discretion can cancel the admission and we shall not take any objection in any manner whatsoever.</p> <p>We assure you that our child is physically and mentally normal. We shall here by observe the rules, regulations and discipline of the school.</p>			
<div>Mother &amp; Father Photos</div> <div></div>		<div></div>	<div></div>
STUDENT'S SIGNATURE		FATHER'S SIGNATURE	MOTHER'S SIGNATURE
GUARDIAN'S SIGNATURE			

FOR OFFICE USE:

Photograph of the student		Previous year Report Card	
Copy of Birth Certificate		Copy of Aadhar Card of the student	
Copy of Transfer Certificate		Photo ID proof of Father	
Medical Certificate		Admitted	

Date of Admission	:	Amount of fees paid	:
Fee Receipt No.	:	Admission No.	:

Date	Admission Incharge	Principal
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