



TO BE FILLED BY SCHOOL AUTHORITIES

FORM NO : TC26-27/093	DATE OF ISSUE : 01-10-2025	SCHOOL U.I.D NO :
OLD G.R.NO :	NEW G.R.NO :	CLASS NAME :
REMARKS	SIGN OF ADMINISTRATOR	

CANDIDATE'S DETAIL

FIRST NAME : JIYANSHI	FATHER'S NAME : PRITAM	CHILD'S PHOTO
MOTHER'S NAME : DEBOLINA	SURNAME : CHATTERJEE	
DATE OF BIRTH : 23-01-2023 TWENTY THREE JANUARY TWO THOUSAND TWENTY THREE	CLASS NAME : NURSERY	

PLACE OF BIRTH

VILLAGE/ TOWN/ CITY : MUMBAI	TALUKA : MUMBAI
DISTRICT : MUMBAI	COUNTRY : INDIA
STATE : MAHARASHTRA	

GENDER : FEMALE	BLOOD GROUP : O+
CATEGORY : GENERAL	RELIGION : HINDU
CATEGORY : HINDU	CASTE : BRAHMIN
MOTHER TONGUE : BANGLA	NATIONALITY : INDIAN
EMAIL ID : dpitammeaec@gmail.com	MOBILE NO. : 9674261113
AADHAAR NO. / UIDAI NO. :	NAME AS IN AADHAARCARD :

RESIDENTIAL DETAILS

ADDRESS : FLAT NO. 204, JASHMINE C, POONAM BUILDING, 90 FT ROAD, OPPOSITE THAKUR POLYTECHNIC COLLEGE, NEAR CHILDRENS' ACADEMY SCHOOL, THAKUR COMPLEX, KANDIVALI EAST-400101, MUMBAI-400101, MAHARASHTRA	POSTAL CODE : 400101	RESIDENCE TEL NO. :
CITY : MUMBAI	TALUKA : MUMBAI	DISTRICT : MUMBAI

FATHER'S DETAILS

NAME : PRITAM TAPAN CHATTERJEE EMAIL ID : dpritamneacc@gmail.com
MOBILE NO. : 9674261113 NAME OF COMPANY : INSTITUTE OF BANKING PERSONNEL SELECTION
DESIGNATION : MANAGER - IT
HIGHEST QUALIFICATION : MASTER OF BUSINESS ADMINISTRATION [M.B.A]
PROFESSION : SERVICE
COURSE NAME SPECIALISATION : OTHER

OFFICE ADDRESS

IBPS HOUSE, 90FT ROAD, NEAR THAKUR POLYTECHNIC COLLEGE, THAKUR COMPLEX, KANDIVALI EAST, MUMBAI 400101
POSTAL CODE : 400101 OFFICE TEL NO. : 2269197181

MOTHER'S DETAILS

NAME : DEBOLINA PRITAM CHAKRABORTY EMAIL ID : debolina.supriti@gmail.com
MOBILE NO. : 7908464523 NAME OF COMPANY : TATA CONSULTANCY SERVICES
DESIGNATION : ASSISTANT CONSULTANT
HIGHEST QUALIFICATION : BACHELORS OF TECHNOLOGY(B.TECH)
PROFESSION : SERVICE
COURSE NAME SPECIALISATION : BACHELOR OF TECHNOLOGY(B.TECH.)

OFFICE ADDRESS

BUILDING NO 5, CHS-A, PUNYASHLOKA AHILYABAI HOLKAR MARG, CHITRAKOOT, RAHEJA ESTATE, KULUPWADI, BORIVALI EAST, MUMBAI, MAHARASHTRA 400066
POSTAL CODE : 400066 OFFICE TEL NO.

PREVIOUS SCHOOL ATTENDED

DETAILS OF LAST SCHOOL ATTENDED(PLEASE ATTACH PROGRESS REPORT OF PREVIOUS YEAR)

NAME OF SCHOOL : WIDZ KIDS INTERNATIONALS GRADE : PLAY GROUP
UDISENO. : STUDENT SARAL NO. :
ADDRESS : ROW HOUSE NO. 3, GOKUL CONCORDE, DATTANI PARK RD, OPP. JIVDANI MOTORS, KANDIVALI, DATTANI PARK, THAKUR VILLAGE, KANDIVALI EAST, MUMBAI, MAHARASHTRA 400101

SIBLING/S

ADDITIONAL INFORMATION

SCHOOL BUS FACILITY REQUIRED: NO
SELECT AREA CLOSEST TO YOUR RESIDENTIAL ADDRESS: KANDIVALI (EAST) - 90-FEET ROAD
FAMILY DOCTOR'S NAME DR. ABHIJIT SALVE
DOCTOR'S CONTACT NO : 2265091272
ALLERGIC TO MEDICATION : NO
ANY SPECIFIC AILMENT : NO
PRIMARY CONTACT : FATHER
WHETHER PARENT IS AN EMPLOYEE OF THE ACADEMY: NO
WHETHER FATHER IS AN EX-STUDENT OF THE ACADEMY: NO
WHETHER MOTHER IS AN EX-STUDENT OF THE ACADEMY: NO
ARE YOU APPLYING UNDER CHRISTIAN MINORITY? NO
NOTE: INCOMPLETE FORMS OR FORMS WITHOUT PROPER DOCUMENTS WILL NOT BE ACCEPTED.
FOR ANY QUERIES, PLEASE CONTACT US AT TC.ADMISSIONS@CHILDREN-ACADEMY.ORG

PARENT'S SIGNATURE

FOR OFFICE USE ONLY

- 1 LATEST PASSPORT SIZE PHOTOGRAPHS OF THE CHILD. ☐
- SELF-ATTESTED PHOTO COPY OF THE BIRTH CERTIFICATE OF THE CHILD AND ORIGINAL FOR VERIFICATION. ☐
- MEDICAL FITNESS CERTIFICATE OF THE CHILD (MANDATORY). ☐
- IN CASE OF CHILDREN WITH SPECIAL NEEDS - MEDICAL CERTIFICATE FROM COMPETENT MEDICAL OFFICER FOR DISABILITY. ☐
- BLOOD GROUP DETAILS, CERTIFIED BY THE PATHOLOGIST. ☐
- PHOTO COPY OF AADHAR CARD OF THE CHILD. ☐
- SELF-ATTESTED PHOTO COPY OF PROOF OF RESIDENCE (ANYONE FROM BELOW).
 - ☐ RATION CARD
 - ☐ ELECTRICITY BILL
 - ☐ MAHANAGAR GAS BILL
 - ☐ TELEPHONE BILL
 - ☐ AADHAR CARD OF PARENT
- SELF ATTESTED PHOTOCOPY FOR PROOF OF NATIONALITY
VOTER ID CARD / PASSPORT AND
 - ☐ MOTHER
 - ☐ FATHERSELF ATTESTED PHOTO COPY OF THE BIRTH CERTIFICATE
 - ☐ MOTHER
 - ☐ FATHER
- SELF-ATTESTED PHOTOCOPY OF EDUCATION QUALIFICATION CERTIFICATES (GRADUATION / POST GRADUATION ETC.).
 - ☐ MOTHER
 - ☐ FATHER
- PROOF OF SIBLING STUDYING IN SCHOOL (IF APPLICABLE) - FEE RECEIPT OR PHOTOCOPY OF THE LAST YEAR'S RESULT ☐
- PROOF OF ALUMNI (IF APPLICABLE) - PHOTO COPY OF SCHOOL LEAVING CERTIFICATE. ☐
VERIFY FATHER'S / MOTHER'S NAME ☐
- NAME CHANGE PROOF - IN CASE MOTHER'S NAME HAS BEEN CHANGED AFTER MARRIAGE (IF APPLICABLE) ☐
VERIFY MOTHER'S NAME ☐
- SELF-ATTESTED PHOTO COPY OF CASTE CERTIFICATE OF FATHER / CHILD, IN CASE OF OBC/BC/SBC/SC/ST/VJ/NT AND

ORIGINAL FOR VERIFICATION. (IF APPLICABLE) ☐

FIRST NAME OF THE CHILD AS TO BE ENTERED IN THE SCHOOL G.R. :- _____

DOCUMENTS VERIFIED ☐

PARENT'S SIGNATURE

ADMISSION ORDER BY PRINCIPAL

ADMITTED ☐

SIGNATURE OF CLERK IN-CHARGE
NOT ADMITTED ☐

GRADE :

W.E.F. :

ADMISSION DATE :

SIGNATURE OF THE PRINCIPAL

SIGNATURE OF ADMISSION IN-CHARGE

REMARKS