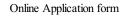
# Children's Academy, Thakur Complex







TO BE FILLED BY SCHOOL AUTHORITIES						
FORM NO	: TC26-27/093	DATE OF ISSUE :0	01-10-2025	SCHOOL U.I.D NO	:	
OLD G.R.NO	)	NEW G.R.NO :		CLASS NAME :		
REMARKS		<del></del>	SIGN OF ADMINISTRATOR			
CANDIDATE	'S DETAIL					
NAME	JIYANSHI FATHER'S NAME : PRITAM		NAME : PRITAM	CHILD'S PHOTO		
MOTHER'S NAME	: DEBOLINA		SURNAME	: CHATTERJEE		
DATE OF BIRTH				ME : NURSERY		
PLACE OF BI	RTH					
VILLAGE/ TOWN/ CITY		: MUMBAI		TALUKA	: MUMBAI	
DISTRICT STATE		: MUMBAI : MAHARASH	: MUMBAI COUNTRY : MAHARASHTRA		: INDIA	
GENDER		: FEMALE	BI OOD	GROUP	:O+	
CATEGORY		: GENERAL	RELIGION		: HINDU	
CATEGORY		: HINDU	CASTE		: BRAHMIN	
MOTHER TO	NGUE	: BANGLA	NATION	NALITY	: INDIAN	
EMAIL ID		: dpritammeaec@gmail.con	n MOBILI	ENO.	:9674261113	
AADHAAR NO. / UIDAI NO.		:	NAME A	AS IN AADHAARCARD	:	
RESIDENTIA	AL 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 : MUME	BAI				: DISTRICT: MUMBAI MUMBAI	

### FATHER'S DETAILS

NAME : PRITAM TAPAN CHATTERJEE EMAIL ID : dpritammeaec@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, POSTAL CODE: 400101 OFFICE TEL NO.: 2269197181

#### MOTHER'S DETAILS

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** 

OFFICE

CODE: 400066

TEL NO.

## PREVIOUS SCHOOL ATTENDED

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

NAME OF SCHOOL : WIDZ KIDS INTERNATIONALS : 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

# FOR OFFICE USE ONLY

	SIGNATURE OF THE PRINCIPAL	CHARGE
		SIGNATURE OF ADMISSION IN-
GRADE:	W.E.F.:	ADMISSION DATE:
ADMISSION ORDER BY PRINCIPAL	ADMITTED □	SIGNATURE OF CLERK IN-CHARGE NOT ADMITTED □
DOCUMENTS VERIFIED □		PARENT'S SIGNATURE
FIRST NAME OF THE CHILD AS TO BE	E ENTERED IN THE SCHOOL G.R. :	
ORIGINAL FOR VERIFICATION. (1	IF APPLICABLE) □	
SELF-ATTESTED PHOTO COPY O OBC/BC/SBC/SC/ST/VJ/NT AND	OF CASTE CERTIFICATE OF FATHER	R / CHILD, IN CASE OF
$\Box$ VERIFY MOTHER'S NAME $\Box$		
<ul><li>VERIFY FATHER'S / MOTHER'S N</li><li>NAME CHANGE PROOF - IN CAS</li></ul>	•	ANGED AFTER MARRIAGE (IF APPLICABLE
PROOF OF ALUMNI (IF APPLICATION APPLI	ABLE) - PHOTO COPY OF SCHOOL I	LEAVING CERTIFICATE.
<ul> <li>PROOF OF SIBLING STUDYING YEAR'S RESULT □</li> </ul>	IN SCHOOL (IF APPLICABLE) - FEE	RECEIPT OR PHOTOCOPY OF THE LAST
☐ MOTHER ☐ FATHER		
<ul> <li>SELF-ATTESTED PHOTOCOPY C GRADUATION ETC.).</li> </ul>	OF EDUCATION QUALIFICATION CE	ERTIFICATES (GRADUATION / POST
☐ MOTHER ☐ FATHER		
☐ FATHER	Y OF THE BIRTH CERTIFICATE	
VOTER ID CARD / PASSPORT  ☐ MOTHER		
☐ AADHAR CARD OF PAREN  • SELF ATTESTED PHOTOCOPY FOR		
☐ MAHANAGAR GAS BILL☐ TELEPHONE BILL		
☐ RATION CARD ☐ ELECTRICITY BILL	,	,
<ul><li>PHOTO COPY OF AADHAR CAR</li><li>SELF-ATTESTED PHOTO COPY (</li></ul>	D OF THE CHILD. □ DF PROOF OF RESIDENCE (ANYON	E FROM BELOW).
BLOOD GROUP DETAILS, CERTI		
<ul> <li>IN CASE OF CHILDREN WITH SE OFFICER FOR DISABILITY. □</li> </ul>	PECIAL NEEDS - MEDICAL CERTIFIC	CATE FROM COMPETENT MEDICAL
	E OF THE CHILD (MANDATORY). 🗆	
	OF THE BIRTH CERTIFICATE OF THE	E CHILD AND ORIGINAL FOR
<ul> <li>1 LATEST PASSPORT SIZE PHOT</li> </ul>	OGRAPHS OF THE CHILD. 🗆	