



Application form

FOR OFFICE USE

Registration No.

Adm. File No.

T.C. File No.

Date Of Admission

Student Id.

Academic Year

| |
|-----------|
| |
| |
| |
| |
| 751973 |
| 2021-2022 |



Latest passport size
colour photograph
of the student

To,
The Principal
Podar International School

I GAIKWAD / seek admission for my child in
School Location : Pimpri Curriculum : ICSE Class : JR

STUDENT INFORMATION :

Name : SHIVANSH GAIKWAD
(First) (Middle) (Last)

Date Of Birth : _____

Place Of Birth : - Gender : Not Selected Religion: -

Caste Category : _____

Nationality - Adhar Card No. -

Address for Communication : -;

India - 0

Tel No : 0 Mobile No : 9028763507

Email : RAHUL.GAIKWAD9@GMAIL.COM

EMERGENCY CONTACT :

Name : _____ Relationship : _____

Contact number : _____



Application form

HEALTH INFORMATION:

| | | | |
|----------------------------------|-----|----------|-----|
| Blood Group : | | | |
| Height : | cms | Weight : | kgs |
| Regular Medication : | | | |
| Regular Medication with dosage : | | | |
| Any Impairment : | | | |
| Exemption from Activities : | | | |

INFORMATION OF PARENTS :

| | Father | Mother |
|------------------|---------|--------|
| Name in Full : | GAIKWAD | |
| Qualification : | | |
| Company Name : | | |
| Designation : | | |
| Date of Birth : | | |
| Mother Tongue : | | |
| Office address : | | |
| | | |
| | | |
| Tel No. (Res) : | 0 | |
| Tel No. (Off) : | | |
| Mobile No : | | |
| Email : | | |

PAST ACADEMIC INFORMATION :

| Name of the school attended | Location | Class Completed | Years Attended | Language of Instruction | Curriculum |
|-----------------------------|----------|-----------------|----------------|-------------------------|------------|
|-----------------------------|----------|-----------------|----------------|-------------------------|------------|

Documents to be submitted : 1) Xerox copy of Birth Certificate
2) School Leaving Certificate Original
3) Report Card Original
4) Color Passport size Photograph

I shall abide by all the rules and regulations of the school already in existence or those that may be implemented in future.

22-01-2021


Date

Signature of the Parent

Note : Fees once paid will be strictly non-refundable.


8103 330 8

क्रमांक 1
NCL 1



सहाराष्ट्र शासन
GOVERNMENT OF MAHARASHTRA
आरोग्य विभाग
DEPARTMENT OF HEALTH
MUNICIPALITY SATARA
जन्म प्रमाणपत्र
BIRTH CERTIFICATE

फॉर्म-5
FORM-5




जन्म व मृत्यु नोंदणी अधिनियम, 1969 च्या कलम 12/17 आणि महाराष्ट्र जन्म आणि मृत्यु नोंदणी नियम, 2000 चे नियम 8/13 अन्वये देण्यात आले आहे. (ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE MAHARASHTRA REGISTRATION OF BIRTHS & DEATHS RULES 2000)


प्रमाणित करण्यात येत आहे की, खालील माहिती जन्माच्या मूळ अभिलेखाच्या नोंदवरीलून घेण्यात आली आहे. जी की, सातारा, जिल्हा सातारा, महाराष्ट्र राज्या, भारत च्या नोंदवरील ठेकेवर आहे.
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR MUNICIPALITY SATARA OF TALUK/BLOCK SATARA OF DISTRICT SATARA OF STATE/UNION TERRITORY MAHARASHTRA, INDIA.

| | |
|---|---|
| <p>नाव / NAME: SHIVANSH RAHUL GAIKWAD / शिवांश राहुन गायकवाड</p> <p>जन्म तारीख / DATE OF BIRTH: 06-09-2016 SIXTH-SEPTEMBER-TWO THOUSAND SIXTEEN</p> <p>आईचे पूर्ण नाव / NAME OF MOTHER: NILIMA RAHUL GAIKWAD / निलिमा राहुन गायकवाड</p> <p>आईचे आधार कार्ड क्रमांक / MOTHER'S UID NO: ---</p> <p>बाळाच्या जन्माच्यावेळी आई-वडिलांचा पत्ता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD: SATARA, SATARA, SATARA, MAHARASHTRA सातारा (म. प्र.), सातारा, सातारा, महाराष्ट्र</p> <p>नोंदणी क्रमांक / REGISTRATION NUMBER: B-2016: 27-90230-003765</p> <p>शेरा / REMARKS (IF ANY): ---</p> | <p>लिंग / SEX: पुरुष / MALE</p> <p>जन्म ठिकाण / PLACE OF BIRTH: MAHER NURSING HOME SATARA/---</p> <p>वडिलांचे पूर्ण नाव / NAME OF FATHER: RAHUL ABASAHEB GAIKWAD / राहुल आबासाहेब गायकवाड</p> <p>वडिलांचे आधार कार्ड क्रमांक / FATHER'S UID NO: 4454 5992 6664</p> <p>आई-वडिलांचा कायमचा पत्ता / PERMANENT ADDRESS OF PARENTS: ROOM NO. 6, SAKRUPA NIVAS, VITTHALWADI AKURDI, PUNE, PUNE CITY, PUNE, MAHARASHTRA रूम नं. 6, साईकृष्ण निवास, विठ्ठलवाडी आकुर्डी, पुणे, पुणे शहर, पुणे महाराष्ट्र</p> <p>नोंदणी दिनांक / DATE OF REGISTRATION: 18-10-2016</p> |
|---|---|

प्रमाणपत्र दिल्याचा दिनांक / DATE OF ISSUE:
08-12-2016


UPDATED ON:
08-12-2016 13:17:23





निराक्षर करणारे प्राधिकारी / ISSUING AUTHORITY:
रजिस्ट्रार (जन्म व मृत्यु)
REGISTRAR (BIRTH & DEATH)
MUNICIPALITY SATARA

"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
 * THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS
 APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES.
 THE AUTHENTICITY OF THIS CERTIFICATE CAN BE VERIFIED FROM THE WEBSITE CRS.ORG.GOV.IN.
 THE REGISTRATION NUMBER IS UNIQUE TO EACH EVENT.
 * प्रत्येक जन्म आणि मृत्युची पट्टा नोंदल्याची खात्री करा * / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH *



आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

GAIKWAD NILIMA RAHUL

VIJAY BHUJANGRAO NALAWADE

11/02/1992

Permanent Account Number

BRRPG3605G

Nilima GaiKwad



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CamScanner



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