

COAST GUARD KINDERGARTEN

Ph: 03192-231810, 03192-232392 Email: cgkgpb@gmail.com

PORT BLAIR APPLICATION FOR ADMISSION

Photo

Sl. No. 1245

1. Name of Pupil			***************************************
2. Date of Birth			
3. Age at the time of admission	Yrs	Months	Days
4. Place of Birth		Nationality	
5. Sex: Male / Female			
6. Caste / Religion			••••
7. Whether the Student belongs to SC/ST/	/OBC	•••••	••••
8. Occupation		Income / Month	
9. Full Name of Father / Guardian			
10. Full Name of Mother			
11. Full Address of the Parent / Guardian			
	Phone	No	
12. Permanent Address			
13. Name of the School last attended			
14. Class in which studying			
15. Medium of Instruction			
16. Result of last examination			
17. Class to which admission is sought			
18. Whether Transfer Certificate is attached			
19. Mother Tongue			
DECLARATION BY THE PARENTS			
(A) I hereby declare that the Date of Birth in res			
Furnished by	me in column	No. 2 is correct and that	I would not demand any
change in it at later stage.			
(B) I shall abide by the rules of the school.			
•			
Date:		S	Signature of the Parent

CERTIFICATE BY THE EMPLOYER DEPARTMENT

here w.e.f.	His/her basic pay is R	His/her basic pay is Rs			
Date :		Signature with Office / Sea			
	For Office Use Only				
Headmistress Remarks	Signature	Date			
SOI/C Remarks	Signature	Date			
	Officer - in - Charge				
Fee Receipt NO.	Date				
Admitted to Class	Section				
Admission No	Date of Admission				
		Principal			
Name has been entered in the c	lass attendance Register Sl.No	Dated			
Class Teacher Signature_	Date				