



## Divine Word Nursery

St. Arnold's Central School, Pune

## Nursery Academic Year 2020-21



Form Number: NUR2020-155

## Student's Profile

SURNAME/LASTNAME  
**Tejankar**FIRSTNAME  
**Rudransh**MIDDLE/FATHERS NAME  
**Shivaji**Gender  
**Male**Date of Birth (YYYY-MM-DD)  
**2017-06-05**Mother Tongue  
**Marathi**Caste  
**Kunbi**Sub-Caste  
**OBC**Religion  
**HINDUISM**Blood Group  
**NA**Current School  
Name  
**NA**Admission  
Sought in Class  
**Nursery**Current Class  
**NA**Achievements if Any  
**NA**Aadhaar UID  
**NA**

## Sibling Studying in this School

Sibling 1 - Name/Class/Division  
**NA /NA /NA**Sibling 2 - Name/Class/Division  
**NA /NA /NA**

## Mother's Profile

Full Name  
**Pushpa Shivaji  
Tejankar**Qualification  
**M.E(computer)**Occupation and Designation  
**Housewife**

Aadhaar UID  
**859476038915**

Nature of Business (If any)

**NA**

Office Address

**NA**

Phone (O)

**NA**

Phone (R)

**NA**

Mobile

**9967654223**

Email

**pushpaghonge@gmail.com**

*Address*

**Nagar Road,Near Agakhan palace,Flat no:E2,Amrapalishree society,kalyani nagar,Pune,Maharashtra,411006,India**

### Father's Profile

Full Name

**Shivaji Mahadu  
Tejankar**

Qualification

**MCA**

Occupation and Designation

**Software Engineer(Tech Lead)**

Aadhaar UID

**859476038915**

Nature of Business (If any)

**NA**

Office Address

**HSBC, business Bay ,Yerwada**

Phone (O)

**020 4000 6600**

Phone (R)

**NA**

Mobile

**9967334223**

Email

**shivajitejankar11@gmail.com**

*Residential Address*

**Nagar Road,Flat no:E2,Amrapalishree society,kalyani nagar,Pune,Maharashtra411006,India**

Areas in which as a parent you can contribute towards the enrichment of the School and children

**Cultural, Medical, Academic, Sports, Educational,**

**OTHER:**

Extra curricular Activity, Social contribution Activities.

### FOR OFFICE USE ONLY

**ENCLOSURES: (Tick ☒ whichever is applicable)**

☐ 3 PHOTOGRAPHS OF STUDENT

☐ BIRTH CERTIFICATE

☐ PREVIOUS YEAR'S REPORT

☐ FATHER'S PHOTOGRAPH

☐ MOTHER'S PHOTOGRAPH

☐ MEDICAL CERTIFICATE

☐ CASTE/SUB-CAST/BAPTISM CERTIFICATE

ADMISSION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADMISSION VERIFICATION IN CHARGE

### ADMISSION ORDER BY PRINCIPAL

☐ ADMITTED

☐ NOT ADMITTED

CLASS \_\_\_\_\_

W.E.F \_\_\_\_\_

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**SIGNATURE OF THE PRINCIPAL****REMARKS****INDEMNITY BOND**

We shall not hold the school or authorities responsible for injuries or loss of life suffered in course of everyday activities.

**DECLARATION**

(To be signed at the time of counselling)

I/we hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from admission process/selection without any correspondence in this regard. I/we understand that the registration/short listing does not guarantee admission to my/our ward. I/we accept the admission process undertaken by the school, abide by the regulations of the school and the decision taken by the school authorities.

I/We hereby promise to abide by the decision of the school management, with regard to revision of fee. It may be to the extent of 10 to 15% every year as determined by the management. I/We understand this will be done in the interest of development of my/our child/children and the school.



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Father's Signature  
**Shivaji Mahadu  
Tejankar**

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Mother's Signature  
**Pushpa Shivaji Tejankar**

Date:

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