



Kidderpore Childs World English Medium School

4/3/H/3 Bhukailash Road, Kolkata 700023 (West Bengal)

Website : www.kcwskolkata.org Email : kcwskolkata@gmail.com

Ph. 033 2449 5913

Admission No.	KCWS/2991	Year	2023-2024	Date of Admission	2026-01-05
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Affix photo of Father	Affix photo of Mother	Affix photo of Student
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INFORMATION OF THE CHILD					
Full Name	MD SAQIB RAZA				
Date Of Birth.	2012-12-22	Gender	Male	Admitted in Class	8
Aadhar No		Community	General	Languages Know	
Mother Tanguue		Blood Group		Height	
Religion	Islam		Nationality	Indian	
PERMANENT ADDRESS			CORRESPONDENCE ADDRESS		
13/H/34/1 MAYUR BHANJ ROAD KOLKATA 700 023					
Father Mobile No:	8961684641		Mother Mobile No :	9831901198	
Email Id			Email Id		
Prefrred phone Number for school SMS	9831901198		Distance from school (in Kms):		

EMERGENCY CONTACT (Should Provide Local Contacts)					
Name		Relationship		Emergency ContactNo.	

FAMILY INFORMATION							
FATHER				MOTHER/GUARDIAN			
Full Name	MD HALIM			Full Name	SABANA KHATOON		
Age	0	Nationality		Age	0	Nationality	
Education		Mobile No		Education		Mobile No	
Institution				Institution			
Occupation	BUSINESS			Occupation	HOUSEWIFE		
Annual Income				Annual Income			
Office Address				Office Address			
Designation				Designation			
Aadhar No	709347193511			Aadhar No	294091033846		

Single Parent(Only if applicable)					
Single Parent		Father		Mother	
Address					
If child is sponsored(Agency name)					

Details of Brothers/Sisters of the Student					
Name		Age		Class	
Institution					

Incuse of staff ward	
Name of the parent	

DETAILS OF PREVIOUS STUDY					
Year	0	Class		Grade/Marks obtained in final exams:	
The previous school affiliated to:			School	PAUL'S DAY SCHOOL	
Awards won so far in sports,arts or academics					

Declaration

I _____ have the authority to admit my child/ Ward _____ into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found sickness or injury from whatever source, legal entanglements, imprisonment, loss of life or money, which might occur while my child is otherwise, i shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school

Signature of Parent or Guardian with date

Signature of the Head of the Institution



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Name MD SAQIB RAZA

Class

Address