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/3078	**Year**	2023-2024	**Date of Admission**	2026-01-21

Affix photo of Father	**Affix photo of Mother**	**Affix photo of Student**

INFORMATION OF THE CHILD					
Full Name	MD ZOHAN ASHRAF KHAN				
Date Of Birth.	2020-04-11	**Gender**	Male	**Admitted in Class**	15
Aadhar No		**Community**	Male	**Languages Know**	
Mother Tangue		**Blood Group**		**Height**	
Religion	Islam		**Nationality**	Indian	
PERMANENT ADDRESS			**CORRESPONDENCE ADDRESS**		
4/2/B/H/22, BHUKAILASH ROAD KOLKATA 7000 23					
Father Mobile No:	9875395455		**Mother Mobile No :**	9062165900	
Email Id			**Email Id**		
Prefrred phone Number for school SMS	9062165900		**Distance from school (in Kms):**		

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

FAMILY INFORMATION							
FATHER				**MOTHER/GUARDIAN**			
Full Name	MD KAFEEL ASHRAF KHAN			**Full Name**	SAJDA SAYEED		
Age	0	**Nationality**		**Age**	0	**Nationality**	
Education		**Mobile No**		**Education**		**Mobile No**	
Institution				**Institution**			
Occupation	SERVICE			**Occupation**	HOUSEWIFE		
Annual Income				**Annual Income**			
Office Address				**Office Address**			
Designation				**Designation**			
Aadhar No	928425635624			**Aadhar No**	416397068059		

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					

Incase of staff ward	
Name of the parent	

DETAILS OF PREVIOUS STUDY					
Year	0	**Class**	LKG	**Grade/Marks obtained in final exams:**	
The previous school affiliated to:		**School**	GEMS GLOBAL 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 argree to abide by the rules. regulations and the fee structure of the school

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Signature of Parent or Guardian with date

Signature of the Head of the Institution

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Name MD ZOHAN ASHRAF KHAN

Class

Address