

Student Details

BABYLAND KINDERGARTEN

Admission Form

ESTD-2012

Place:- Shershahi, Kaliachak, Malda, 732201

Contact: babylandschool2012@gmail.com/ 7031327719



session	Date	Type	Van	Reg. No	Class	<div style="border: 1px solid blue; padding: 10px; text-align: center;">Photo Here</div> <div style="text-align: right; margin-top: 5px;"><input type="button" value="Choose File"/> No file chos</div>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Roll No	Sec	Student Name				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Address	Village:		P.O:			
<input type="text"/>	<input type="text"/>		<input type="text"/>			
	Dist:		PinCode:			
<input type="text"/>	<input type="text"/>		<input type="text"/>			
Date of Brth	Gender	Category	Blood Group			
<input type="text"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	<input type="text"/>	<input type="text"/>			
Mobile No	WhatsApp No	Religion				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Father Name						
<input type="text"/>						
Qualification:		Occupation:		Monthly Income:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Mother's Name						
<input type="text"/>						
Qualification:		Occupation:		Mnthly Income:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Student Aadhar No	Co-Currirical activities, if any					
<input type="text"/>	<input type="text"/>					
Bank Details			Bank Name:			
AC:			<input type="text"/>			
Branch Name:			IFSC Code:			
<input type="text"/>			<input type="text"/>			
Previous School Name and Address(if outsider)				Transfer Certificate(TC), if any		
<input type="text"/>				<input type="text"/>		

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Father's Signature

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Mother's Signature

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Signature & Seal of School