

ANANDAM KIDS SCHOOL
(Unit of ICMR Trust)
ANANDA NIKETAN, DUMURIPUT, KORAPUT
Phone: 09556545686
ADMISSION FORM

Class to which admission is sought-----

1. Name of the Student:

2. Mother's Name:

Occupation:

Qualification:

3. Father's Name:

Occupation:

Qualification:

4. Date of Birth: (Figure)

(Words)

5. Sex: Male/Female

6. Category (please tick): (a) General (b) ST (c) SC (d) SEBC

7. Religion:

8. Mother tongue:

9. Permanent Address:

10. Local/Present Address:

11. Annual Income of parent:

12. Name and address of the previous school:

Class: year of passing:

Percentage of marks:

Medium of Instruction:

School affiliated to:

13. Contact Number of Parent/Guardian

DECLARATION OF PARENTS/GUARDIANS

I certify that the above information is correct and documentary proof attached is genuine. I shall abide all the rule and regulations of school and shall be responsible of my ward's disciplinary behaviour.

Date:

Signature of Mother

Signature of Father

Signature of Guardian

UNDERTAKING BY THE PARENTS

a) The original of the documents will be submitted positively by-----

b) I promise that my ward will attend class regularly and in case of illness/absence. Prior intimation will be submitted to the principal.

Date: -----

Signature of Parent