

EDUCARE INTERNATIONAL SCHOOL

Affiliation No-2430276

ADMISSION FORM

KINDLY FILL THE FORM IN BLOCK LETTERS:-

Name: - _____

Date of Birth: - _____(D)_____(M)_____(Y). Class applied for:- _____

Previous Institution (if any):- _____

Previous Board:-_____. Previous Academic percentage:-_____

Father's Name:- _____

Father's Phone no:-_____. Father's Qualification:- _____

Father's occupation:-_____. Father's Annual Income:- _____

Mother's Name:- _____

Mother's phone no:-_____. Mother's Qualification:- _____

Mother's occupation:-_____. Mother's Annual Income:- _____

Local Guardian:- _____

Local Guardian's occupation:-_____. Phone no:- _____

Nationality:-_____. Caste:- _____

Address for communication:- Present:- _____

Permanent:- _____

Pin: _____

Bank A/c. No:- _____

Branch Details:- _____

Special Interest:- _____

Hobby:- _____

Blood Group:-_____. Eye sight:-_____. Height:-_____. Weight:- _____

Second language :-(suggested) _____. Proposed additional subject:- _____

I hereby declare that all the statements stated above are true. I shall be responsible if any statement goes wrong. I shall abide by all the rules of my school to the best of my capacity.

DATED

SIGNATURE

