



CHAVARA WONDER KIDS, AKULKHEDA

Gat No.164, Shirpur Road, Akulkheda Tal Chopda, Dist Jalgaon. Mob.9421530005

Date: _____

Application for Admission (KG)

Standard in which admission is sought : _____

1) Name of the candidate: _____

(In capital letters) (Surname) (Name) (Father's Name)

2) Sex: Male Female

3) Date of Birth (In figures):

D	D
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M	M
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Y	Y	Y	Y
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(In words)

4) Place of Birth: _____ Aadhar Number :- _____

5) Religion: _____ Caste _____ SC/ ST/ NT/ OBC/ OPEN _____

6) Mother Tongue: _____ 7) Nationality: _____

8) Father's Name: _____ Mobile No.: _____

Education & Occupation: _____

Email ID: _____

9) Mother's Name: _____ Mobile No.: _____

Education & Occupation: _____

10) Residential Address: _____

_____ Phone No.: _____

11) Annual Income: _____

Declaration: I certify that the date of birth, spelling of name filled in this form is true and correct. We will not demand any change in it at a later date. I have gone through all the important details and shall abide by all rules and regulations of the school.

_____ Parent's / Guardian's Name & Signature

For Office Use Only

Application Received Date _____

Admitted to _____

Principal

Date & Time of Interaction: Date: _____ Time: _____