



KRISHNAKULAM

(Affiliated to C.B.S.E., New Delhi)

Mathura Aligarh Road, Koyal, Raya, MATHURA 281204

e-mail :- krishnakulam@gmail.com Phone : 7055980000

Sr. No. :

Admission Form

Session :

Note : Please use capital letters only.

Admission for Class

Gender

 Male Female

Date of Birth

DD	MM	YEAR
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Father's Photo

Mother's Photo

Student's Photo

INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

Blood Group

Religion

Caste

Nationality

Community (Please Tick)

SC/ST

OBC

GEN

OTHER

Father's Aadhar No.

Mother's Aadhar No.

Student's Aadhar No.

Father's Details

Name :

Qualification :

Occupation :

Annual Income :

Mother's Details

Name :

Qualification :

Occupation :

Annual Income :

Address

City :

Pincode :

Contact Details

Contact Number 1 :

Contact Number 2 :

E-mail Id :

Details of Brother / Sister Studing in Same School

Student Name	Current Class	Current Section

Details of Previous Study

Year	School	Class	Grade/Marks obtained in final exams

The previous school affiliated to : STATE CBSE ICSE OTHER

Documents Enclosed

- Birth Certificate
- Transfer Certificate - Original Copy (if applicable)
- Progress Report Card - Original Copy (if applicable)
- Caste Certificate - for SC/ST or OBC
- Blood Group Report
- Father's Aadhar Card Copy
- Mother's Aadhar Card Copy
- Student's Aadhar Card Copy
- Family Photograph

Please Note : 1. Staple all documents to the top left-hand corner of the form.
2. Photographs has to be pasted please do not Staple.

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/informations provided in this admission form are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date : _____

Signature of Parent / Guardian

For Office Use Only

Admission Granted - Yes No

Admission No. : _____ Alloted Class : _____ Alloted Section : _____

Initial Payment Received (Amount) : _____

Admission Co-ordinator's Remark

Date : _____

Signature of Admission Co-ordinator

Head of the Institution's Remark

Date : _____

Signature of Head of the Institution