



Application Form for Class – XI (Provisional Admission 2022-23)

ABVB ☐ Non-ABVB ☐

Stream opted for: *Science/Commerce/Humanities*
Basic Information of Student

**Affix
candidate's
recent passport
size coloured
photograph
with signature.**

1. First Name:
2. Middle Name:
3. Last Name:
4. Nationality:
5. Blood Group:
6. Caste:
7. Religion:
8. Mother Tongue:
9. Aadhar Card No.:
10. Present School Student is Studying In:
11. Year of Class 10 Exam appeared/appearing (Tick ✓ as appropriate) _____
12. Medium of Instruction :
13. Tick (✓) the Present Board :

CBSE ☐ ICSE ☐ WBBSE ☐ OTHERS ☐

14. Date of Birth :

Age as on 31-03-2022

Years: Month(s): Day(s):

15. Sex :
 Male ☐ Female ☐

16. Details of Marks: (Obtained in the last Exam preceeding the Term I/ Semester I -Class X Board Exam)
 Marks in %, excluding "%" symbol
 For CBSE/ICSE/WBBSE/Other Boards

Aggregate % of 5 Subjects	Eng	2 nd Lang	Maths	*Science	**SST

*Science marks are the aggregate of Physical Science and Life Science.
 **The SST marks are the aggregate (%) of History and Geography.

15. Details of Achievements (Academic/Co-Curricular/Sports):

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16. Subjects opted for:

1.		4.	
2.		5.	
3.		6.	

17. Particulars of Parents:

Father:

Name	
Educational Qualification	
Occupation	
Profession/Designation or Exact nature of Business	
Office Address	
Phone Number(s) (Office)	
Annual Income	
Mobile Number(s)	
Email Address	
Residential Address	
Phone Number(s) (Residence)	

Mother:

Name	
Educational Qualification	
Occupation	
Profession/Designation or Exact nature of Business	
Office Address	
Phone Number(s) (Office)	
Annual Income	
Mobile Number(s)	
Email Address	
Residential Address	
Phone Number(s) (Residence)	

18. Accommodation Arrangements:

With Parents ☐With Relatives ☐

19. Particulars of Legal / Local Guardian (In case parents do not reside in Kolkata):

Guardian Name :	
Relationship with the candidate :	
Residential Address :	
City :	
Pin :	
Phone Number:	
Email :	

20. Details of Siblings:

Sl No.	Name	Age	Gender	Class	School	Admn. No. /Regn. No.

21. Does the child suffer from any medical/physical problem?

Yes ☐No ☐

Disclaimer: The information submitted in above form is true & correct. I understand in case of any discrepancy the form is liable to get cancelled, and we, parent(s) of _____, will have no claim against this School/School Authorities.

Date:

Place:

Signature of parent

✂-----
NAME: _____ D.O.B.: _____

APPLICATION NO.: (ABVB / NON-ABVB) / 2022-23 / _____ CLASS: XI STREAM: _____

SUBJECTS OPTED FOR: _____