

APPLICATION FORM FOR CLASS – XI (PROVISIONAL ADMISSION 2021-22)

ABVB ☐ Non-ABVB ☐

Stream opted for: Science/Commerce/Humanities

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

Basic Information of Student

1. First Name:
2. Middle Name:
3. Last Name:
4. Nationality:
5. Mother Tongue:
6. Aadhar Card No.:
7. Board Registration No. (of class X):
8. Present School Student is Studying In:
9. Year of Class 10 exam appeared/appearing:
10. Medium of Instruction :
11. Tick the Present Board :

CBSE ☐ ICSE ☐ WBBSE ☐ OTHERS ☐

12. Date of Birth :

Age as on 31-03-2021

Years:

Month(s):

Day(s):

13. Sex :

Male

☐

Female

☐

14. Details of Marks:

Marks in %, excluding "%" symbol

For CBSE/ICSE/WBBSE/Other Boards

| | Aggregate % of 5 Subjects | Eng | Other Lang | Maths | *Science | **SST |
|------------|------------------------------|-----|------------|-------|----------|-------|
| IX (Final) | | | | | | |

*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) :

| |
|--|
| |
|--|

16. Subjects opted for:

| COMPULSORY SUBJECTS | REMAINING THREE SUBJECTS |
|---------------------|--------------------------|
| | |
| | |
| | |

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