School No. 15563 Affiliation No. 2430001



1, MOIRA STREET, KOLKATA- 700017



Affiliated to the Central Board of Secondary Education APPLICATION FOR ADMISSION TO CLASS-

ACADEMIC SESSION: 2024-2025

Recent colour passport size photograph of the Applicant

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING THE FORM.

- A signed copy of the form needs to be retained by the parents. This will need to be submitted to the school as and when notified.
- The Application Form should be filled up in <u>BLOCK LETTERS</u>.
- Fields marked with an asterix (*) are mandatory.
- Filling the form does not guarantee admission. An incomplete form will be treated as invalid.

Applicant's Information

*Applicant's First Name:	Applicant's Middle Name:
*Applicant's Last Name:	*Gender:
*Date of Birth (D D / M M / Y Y) :	*Nationality:
*Religion:	*Social category (GENERAL/ ST/ SC/ OBC/ OTHER):
*Mother Tongue:	Aadhar Number:
*Blood Group:	*Physical Impairment (if any):
*Class Applying for:	*Major Illness (if any):
*Residential Distance from School (in K.M.):	*2nd Language (Hindi/Bengali):
* Present School:	* Present Class:

Parents

*Parent: Both / Single Mother / Single Father

Father's Details				
*Name:	*Qualification:			
*Occupation:	*Designation:			
*Name of Organization:	*Office Address:	passport size photograph of the Father		
*Office Phone Number:	*Mobile Number (for communication):			
*Email Id (for communication):	*Aadhar Number:			
*Is father an alumni of Birla High School?	If Yes (Year of Passing out):			

*Special Interests:

Mother's Details			
*Name: *Occupation: *Name of Organization:	*Qualification: *Designation: *Office Address:	Recent colour passport size photograph of the Mother	
*Office Phone No.: *Email Id (for communication): *Is mother an alumni of Sushila Birla Girls' School?	*Mobile Number (for communication): *Aadhar Number: If Yes (Year of Passing out):		
*Special Interests:			

	Residential Address		
*Full Address:	*District:		
*City:	*Police Station:		
*Pin Code:	*Area:		
Landline No.:			
Permanent Address			
*Full Address:	*District:		
*City:	*Police Station:		
*Pin Code:	*Area:		
Landline No.:			
Guardian's Details			
*Guardian's Name:	*Relationship with Applicant:		
*Guardian's Residential Address:	Guardian's Residential Phone No.:		
* Aadhar Card No.:	* Guardian's Mobile Number:		
* Email Id:	* Alternative Contact Number:		
Sibling's Details			

Sl. No.	Name of the Sibling	Present School	Class & Section	Adm. No. if studying in BHS/BHSM/SBGS
1				
2				
3				

Declaration/Disclaimer

DECLARATION BY PARENT/PARENTS

 $I\,/\,We$ hereby certify that the above information provided by me/us is correct.

I/We understand that if the information is found to be incorrect or false, my ward will be automatically debarred from the selection / admission process without any correspondence in this regard.

 $I\,/\,We$ also understand that the application does not guarantee admission to my ward.

 $I/We \ accept \ the \ process \ of \ admission \ undertaken \ by \ the \ school \ and \ I/we \ will \ abide \ by \ the \ decision \ taken \ by \ the \ school \ authorities.$

DISCLAIMER

Please take a colored print out of the filled in Application Form. This will need to be submitted to the school as and when notified.

Date:

Signature of Father

Signature of Mother

Signature of Guardian