

SINo.

Date of Issue.....

Date of Submission/Admission Test.....

HOWRAH ST. JOHN'S HIGH SCHOOL
12, HARDUTT RAICHAMARIA ROAD, HOWRAH -
711 101 PHONE: 2666-2454/2676-9657

Photo



APPLICATION FORM

Application for Admission to Class _____

Academic Session _____

1. a) Full name of the Child _____

(TO BE WRITTEN IN BLOCK LETTERS)

b) Male Female (Put a tick)

2. Father's Name _____ Qualification _____

3. Mother's Name _____ Qualification _____

4. Nationality _____

5. Local Address _____

_____ Phone _____

6. Occupation : (Father) _____

7. Monthly Income _____

8. Occupation : (Mother) _____

9. Date of birth of Candidate _____

10. Age Proof : TC /Birth Certificate /Affidavit

11. School last attended _____

12. Class Last Passed _____

Signature of the Father/Mother/Guardian
Date _____

Signature of the Head of the Institution
Date _____

N.B.-(1) Registration is not guaranteed for Admission Test.

(2) Only duly filled in forms will be accepted at the time of Admission Test.

(3) Remarks of Principal _____
