دانش گاہ اسلامیہ ہائی اسکول آسنسول
DANISHGAH ISLAMIA HIGH SCHOOL

A Minority Institution Recognized By (W.B.B.S.E) From Nursery to Class X (INDEX NO. : **H2-153**)
School Lane, Hutton Road, Asansol – 713301. Paschim Bardhaman (W.B)
Contact No: 09333923045 / 0341-2280327, Email: danishgahislamiahighschool@gmail.com

Admission No.: _____ **NEW ADMISSION FOR THE YEAR OF 2018** Form No:_____

Name of Student: (BLOCK LETTER)																		
Father's Name: (BLOCK LETTER)																		
Mother's Name: (BLOCK LETTER)																		
Guardian Name : (BLOCK LETTER)																		
Father /Guardian Occupation :																		
Relation with Pupil																		
Sex : Male / Female																		
Permanent Address	Mobile No.																	
Postal Address :	Mobile No.																	
Date Of Birth (As Per Birth Certificate)	In Figure	In Word																
		.....Year.....Month.....Days																
Age at the time of Admission	.....Year.....Month.....Days																	
Admission Sought in / Class																		
Name of School Last Attended																		

I declare that the statements furnished above are true and I undertake that my ward will abide by the rules and discipline of the school. I shall be responsible for all consequences arising out of making a wrong statement or for any misconduct of my ward.

Signature of Father / Guardian

_____FOR OFFICE USE ONLY _____

Form No. : _____

Name of the Student: _____

Father / Guardian Name: _____

Admission Sought In/ Class: _____ Date of Test Exam: _____

Website: www.danishgahschool.com