

ANGEL EDU CARE

A Unit of Angel Education Society and Kalyani Public School, Barasat
(ADMISSION FORM)

(Particulars must be filled in Block letters only)

Students Name:

Date of Birth:

(d)

(m)

(Y)

Sex:

 M F

(Tick)

Father's / Mother' Name:

 Mr. /Mrs.

(Tick)

Address:

Phone No:

Alternate No:

School :

Percentage in Class-X Board:

 %

Registration Number:

(For KPS student's only)

Course opted: Engineering Exam: / Medical Exam / Medical + Engineering Exam (Tick)

I do hereby declare that the above statements are correct as per my knowledge. I also under take to abide by the rules and regulations of the Institution authority. I agree that payment made by me will not be refunded / adjusted under any circumstances by the Institution authority.

Signature of Parent: _____

Signature of student: _____

Date: / /

Authorized signatory: _____

Enquiry:

Mrs. Rupa Dey (Principal KPS-Barasat; Academic Director AES): 9830096089

Reception: 9875333264