

Admission Form

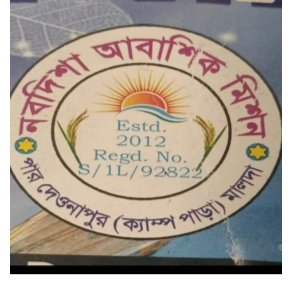
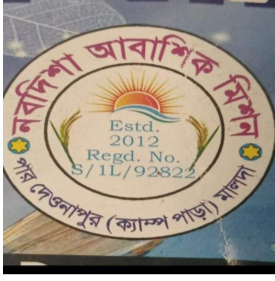
NABODISHA ABASIK MISSION

Govt.Regd.No. - S/1L/92822

ESTD-2012

Place:- Par Deonapur (CampPara) * Deonapur * Malda * WB(732210)

Contact: nabodishaabasikmission88@gmail.com/ 9832417043/9732988808



session * Date * Type * Van * Reg. No * Class *

Roll No * Sec Student Name *

Address * Village Post Office
Police Station District Pin Number

Date of Birth * Gender * Category * Blood Group

Mobile No * WhatsApp No Religion

Father Name *

Qualification Occupation Monthly Income

Mother's Name *

Qualification Occupation Monthly Income

Student Aadhar No Co-Curricular activities, if any

Bank Details Student A/C No Bank Name

Branch Name IFSC Code

Previous School Name and Address(if outsider) Transfer Certificate(TC), if any