

B D Memorial Student
Student from other school/state
Registration No _____
Date _____

B. D. MEMORIAL INSTITUTE

(Affiliated to C B S E) :: (+2 years course)
PRATAPGARH, P. O. NARENDRAPUR, KOLKATA – 700103
Phone : 24358402, 24359955

PARTICULARS OF THE CANDIDATE

1. Name of Applicant in full (in block letters) _____
2. Date of Birth(with supporting documents(in figures) _____
(in words) _____
3. Father's Name, Occupations, Address & Phone No _____

Annual Income _____
4. Mother's Name, Occupations, Address, Phone No _____

Annual Income _____
4. Guardian's Name, Occupations, Address, Phone No _____

Annual Income _____
6. Candidate's
a) Mother tongue _____ c) Religion _____
b) Nationality _____ d) State _____
7. Whether the candidate is a) Scheduled Cast _____ b) S.T. _____
8. a) Applied for Admission is class _____
b) Stream : Science / Commerce / Humanities.
9. Name of the School last attended : _____
10. Name of the Board last Attended: _____
11. Year of Passing Class X a) _____
b) Total % _____ Science _____
12. Any distinction Earned in Extra Curricular Activities _____
13. No & Date of Migration Certificate.

I declare that I have read and understood the rules and regulations of the school and assure you that in case of my breach of conduct, discipline and regularity the school will strike off my son's/daughter's/ ward's name without any refund of fees.

NOTE: Issuance of Admission Form does not give any guarantee for admission.

Date: _____

Signature of Father/Guardian.