



# Sri Ramakrishna Ashrama Institute

PADMAPUKUR, P.O. & P.S.-BARUIPUR, KOLKATA - 700144 \* PHONE : (033) 2433 8094  
UNIT : HARA HARITALA, P.O.-HARINAVI, KOLKATA - 700148 \* PHONE : (033) 2477 5247  
UNIT : CHAMPAHATI, P.S.-BARUIPUR, 24 PGS. (S), PIN - 743330 \* PHONE : 03218 260373

## APPLICATION FORM FOR ADMISSION

CLASS : LOWER NURSERY

YEAR OF ADMISSION : .....

UNIT : Baruipur  Harinavi  Champahati

SHIFT : Morning  Day

(To be filled in BLOCK/CAPITAL Letters and with Ball Point Pen)

Name of the Child.....Gender.....

Bengali Script of the Child's Name.....

Date of Birth :     D     D     M     M     Y     Y     Y     Y  
                    -   -

[ Mandatory to attach a Self Attested (Parent) Copy of Child's Birth Certificate with this Form. ]

Nationality.....Mother Tongue.....

Religion ..... Caste : SC/ ST / OBC / General

Physically Fit/Unfit  If unfit, give details.....

Postal Address.....  
.....

Email ID (if any) : .....

Father's Name : .....Mobile No.....

Mother's Name : ..... Mobile No.....

Guardian's Name (In Lieu of Parents) : .....

Guardian's relationship to the candidate.....Mobile No.....

WhatsApp No. for Correspondence .....

Does the child have a sister or brother studying in this school? Yes / No.

If Yes : Name.....Class.....Section.....Roll.....

Father's Name : .....

Qualification Details :

| Highest Degree | School/College/University | Year of Passing |
|----------------|---------------------------|-----------------|
|                |                           |                 |

**\* Attested Copy of Marksheet / Qualification Certificates must be attached with this Form.**

Profession Details :

| Occupation | Designation | Monthly Income | Job Location |
|------------|-------------|----------------|--------------|
|            |             |                |              |

**\* Valid Income Certificate must be attached with this Form.**

Mother's Name : .....

Qualification Details :

| Highest Degree | School/College/University | Year of Passing |
|----------------|---------------------------|-----------------|
|                |                           |                 |

**\* Attested Copy of Marksheet / Qualification Certificates must be attached with this Form.**

Profession Details :

| Occupation | Designation | Monthly Income | Job Location |
|------------|-------------|----------------|--------------|
|            |             |                |              |

**\* Valid Income Certificate must be attached with this Form.**

- I do hereby declare that all the above statements furnished by me are true and correct to the best of my knowledge.
- I declare that the date of birth given above is correct and I will not claim any correction of the same in future.

.....  
Signature of the Mother /Guardian

.....  
Signature of the Father/Guardian

Date.....

Date.....