

Admission Form

FDTRC SCHOOL

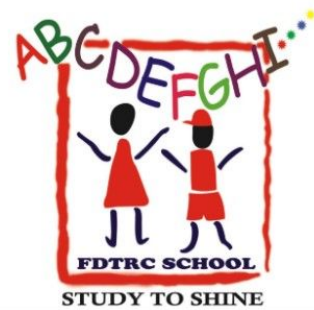


REG./UDISE-19072103506

Established - (Affiliated to be CBSE)

Place:- Sahanagar * Beniagram * Farakka * Murshidabad * WB(742212)

Contact: fdtrcschool@gmail.com/ 7699078307



session	Date	Type	Van	Reg. No	Class	Photo Here Choose File No file chos
Roll No	Sec	Student Name				
Address		Village:		P.O:		
P.S.:		Dist:		PinCode:		
Date of Brth		Gender		Category	Blood Group	
		☒ Male ☐ Female ☐ Others				
Mobile No		WhatsApp No		Religion		
Father Name						
Qualification:		Occupation:		Monthly Income:		
Mother's Name						
Qualification:		Occupation:		Mnthly Income:		
Student Aadhar No				Co-Currricular activities, if any		
Bank Details						
A/C:		Bank Name:				
Branch Name:		IFSC Code:				
Previous School Name and Address(if outsider)					Transfer Certificate(TC), if any	

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Father's Signature

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Mother's Signature

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Signature & Seal of School