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

Roll No | Sec | Student Name

Address

Village: | *P.O:*

P.S.: | *Dist:* | *PinCode:*

Photo Here

Choose File No file chos

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-Currricalar 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 | Mother's Signature | Signature & Seal of School