



# NAVAL KINDERGARTEN SCHOOL

Navy Nagar Colaba, Mumbai-400005.

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Phone: 22152303/22152304



Adm No. \_\_\_\_\_

(For office use)

## **ADMISSION FORM**

**(FORM TO BE FILLED IN CAPITAL LETTERS ONLY)**

Category to which the Pupil belongs to: [Tick (✓) which ever is applicable]

(i)	Children of Naval/Army /AF/CG Officer(Serving and Retired)	
(ii)	Children of CPOs & Above& Equivalent of Army/AF/CG(Serving and Retired)	
(iii)	Children of POs & Below& Equivalent of Army/AF/CG(Serving and Retired)	
(iv)	Defense Civilian/Civilian/Others	

Passport size  
color photo of  
mother

Passport size  
color photo of  
pupil

Passport size  
color photo of  
father

1. Admission to \_\_\_\_\_

Year:20\_\_\_\_ to 20\_\_\_\_

2. Name of Pupil (Full Name) Master/Ms. \_\_\_\_\_

3. Sex:Male/Female \_\_\_\_\_

4. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ In words \_\_\_\_\_

5. Age: \_\_\_\_ Years \_\_\_\_ Month \_\_\_\_ Days(as on 31<sup>st</sup> March of the admission year)

6. Place of Birth \_\_\_\_\_ State \_\_\_\_\_

Note: - Original Birth Certificate issued by State Government / Municipal Corporation will only be accepted for verification purpose.(Certificate by hospital will not be accepted)

7. Identification Marks:(a) \_\_\_\_\_ (b) \_\_\_\_\_

8. Details of Previous School Attended \_\_\_\_\_  
(Name, Place& attached progress report if any)

9. Date and Sr. No. of Transfer Certificate (If any):  
\_(Attach Original TC Countersigned by Competent Authority)

10. Does your child require any special attention in case:

- (a) Physical Disability(Infrastructural Adjustment in classroom) \_\_\_\_\_  
(b) Academic difficulties like learning disability(Remedial education) \_\_\_\_\_

- If yes in (a)/ (b) kindly fill up form available with school for submission along with application form.

11. Details of Parents/Guardian:

	Father	Mother	Guardian
Name as per TC / Birth certificate			
Rank & Service No			

Office Address Unit/Ship			
Mobile No./Tel. No.			
Residential Address			
Mobile No./Tel. No.			
Email ID			
Gross Annual Income(Rs.)			

12. Name of Bank & Branch: \_\_\_\_\_ Account No.

IFSC Code: \_\_\_\_\_

Beneficiary name of account holder : \_\_\_\_\_

13. Particulars of brother & sister.

SR.NO.	NAME	SCHOOL NAME	CLASS/SECTION

**CERTIFICATE FROM PARENT**

I certify that the above information is true to the best of my knowledge

Date:-

\_\_\_\_\_  
(Parent/Guardian's Signature)

**COUNTERSIGNED**  
(CO/OIC of the Unit)

Unit Name: \_\_\_\_\_

Address: \_\_\_\_\_

Unit Seal: \_\_\_\_\_

**FOR OFFICE USE**

Received and verified the following documents:

Sr.No.	Name of Document	Remarks
1.	Original Birth Certificate issued by State Government/Municipal Corporation will only be accepted for verification purpose.(Certificate by hospital will not be accepted)	
2.	Xerox copy of Birth Certificate to be attached with the form	
3.	Original TC	
4.	Attested copy of Progress Report of Class last studied	
5.	3 Passport size photos of student	

Date of Admission:

Class/Sec.:

Total amount paid at the time of admission:

Class Teacher: \_\_\_\_\_

**Counter In charge**  
**Naval KG School**

**School stamp**

**Headmistress**  
**Naval KG School**

