

EXPONENTIAL

Rajeev Nagar-I, Car Road, Lalkuan, Distt. Nainital (U.K.)
Mob. 9917082800, 7500347777

ADI	MISSION FORM				
Session:	S.R. No Date	<u>-</u>			
INFORMATION OF THE CHILD:					
Class in which admission is sought Name of Student (IN BLOCK LETTERS)					
Master/Miss					
GIRL BOY SC ST OBC GEN. National	ity	ffix photo of Student			
Date of Birth					
Father's Name (IN CAPITAL LETTERS)					
Mother's Name (IN CAPITAL LETTERS)					
Present Address Permanent Address					
Telephone No. Office	000	4.7			
Aadhar No We Academic Record of the student –	ight Height	259			
Last school attendant (with address) Class passed					
Medical Challenges :					
700 45. 7	rgy Heart Disease				
Tuberculosis Alle	gy Heart Disease				
Tuberculosis Alle Child's Ability to Use Toilet	Bed Wetting				

Detail of Parents	Detail of Parents			
Father		Mother		
Qualification		Qualification		
Occupation		Occupation		
Designation		Designation		
Organization		Organization		
Contact Number		Contact Number		
WhatsApp Number		WhatsApp Number		
Declaration				
I hereby declare that all the information furnish best of my knowledge and belief. I also promis by the school. In case of any injury, accident or not be held responsible for it.	e to a	abide by the rules and regulations prescribed		
		Signature of Parent/Guardian		
Declaration of Transport				
I as a Parents, accept the pickup / drop point (Bus stop) decided by the				
school. Moreover that I assured you I will be there pickup / drop point (Bus stop) in right time and				
not make any arguement in future regarding change of pickup / drop point (bus stop)				
Transport Required :Yes / No				
Bus Pickup / Drop Point				
		Signature of Parent/Guardian		
For Office use only				
Master/Miss		-		
Son/Daughter of Mr./Mrs				
Class				
Date				
		Principal		