APPLICATION FOR ADMISSION

P. P. MEMORIAL ACADEMY

DHULAGORI PURATAN CHOWRASHTA OPP. NETAJI SPORTING PLAY GROUND

To
The Principal

P. P. MEMORIAL ACADEMY

Dhulagori Old chowrashta
Opp. Netaji Sporting Play Ground
Howrah - 711 302

Ph.: 033-650 5857/9903894297



PHOTO

My address at present is given below and any changes there in will at once be communicated in writing to the School Office.

Yours faithfully

Singnature of Parent / Guardian

COMPLETE THE FOLLOWING IN CAPITAL LETTERS

(a)	Name of Student:	Religion	Sex	
(b)	Date of birth :	Month	.Year	Ś
(c)	Class in which admitted:			
(d)				
(e)				
(f)	Name of Parents :- Father :			
	Mother			
(g) (i)	Father's occupation:	Designation		
	Name & Address of employer:			
	Office / Deptt. :	Tel. No		
(ii)	Mother's occupation :	* * * * * * * * * * * * * * * * * * *		
	Name & Address of employer:	*		
	Office / deptt :	Tel No		

	(iii) If business state nature of acti	vity:		
(h)	Total Montly income (Rs.):			
(i)	Sate Whether Day Scholar / Hosteler			
	Name of Hostel and Address			
(j)	Name/s of brother/s or sister/s study	ing in P.P. Memorial Academy -	Dhulagori Howrah-	West Bengal.
	Name	Std.	Sec.	R. No.
		(*)		
1.		No. of the second secon		
2.	<u> </u>			
3.				
4. (k)	Permanent Home Address:			
(11)	- Communication Conditions			
(i)	Local Dhulagori Residential Address			
()	27			
(m)	Name & Address of one local guardia	an :		
2				
	I certify that the above information is	true and accurate to the best of	my knowledge	
	I certify that the above information is	true and accurate to the best of	my knowledge	
		orial Acade	VIY.	
Date			Signature of P	arent/Guardian
Date	MEM	ORIAL ACADE	Signature of Pa (Write the name	arent/Guardian in Block Letters)
Date	MEM		Signature of Pa (Write the name	
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