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A.K. Ghosh Memorial School

K.G., Primary & Free Primary Dept.

164/A/6, Prince Anwar Shah Road

Kolkata – 700 045

Phone : 2417-2156

Information to be supplied by the Student for Identity card :

NAME OF THE STUDENT : _____
(IN BLOCK LETTERS)

CLASS : _____ SEC. _____ ROLL NO. _____

REG. NO : _____

DATE OF BIRTH : _____
(AS GIVEN IN THE MUNICIPAL CERTIFICATE)

BLOOD GROUP : _____

ISSUED ON : _____
(FOR OFFICE USE)

FATHER'S / GUARDIAN'S NAME : _____
(IN BLOCK LETTERS)

RESIDENTIAL ADDRESS : _____
(IN BLOCK LETTERS)

PHONE NO.: _____

SIGNATURE OF THE GUARDIAN : _____

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ACKNOWLEDGEMENT

Name of the Student : _____

Name of the Father /Guardian: _____

Class : _____ Sec. _____ Roll No. _____ Reg. No. _____

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