

APPLICATION FORM



KOHINOOR BLOSSOMS, KOHINOOR CITY, KIROL ROAD, OFF L.B.S. MARG., VIDYAVIHAR/KURLA (WEST), MUMBAI 400 070. Toll Free: 1800 266 7700 Tel: 022-67887770 Email: info@kis.ac.in Web: www.kohinoorblossoms.ac.in

Application Form No: Admission For: (✓) mark wherever applicable Academic Year: 20 20 Instructions: 1. Please read the application form careful process. Admission granted on the basis. 2. Please fill the application form in BLOCI. 3. Please tick (✓) mark wherever applicable. 4. Duly completed application form is to be. 5. Attested photocopies of the following de a. Birth Certificate b. PAN card of bot c. Address proof (latest electricity bill/tel. 6. Please note that incomplete application. 7. The decision of the principal and/or mar related to admission. I. (a) CHILD'S INFORMATION	ly before filling it. This form is sof incorrect information will K LETTERS. e. submitted at the admissions ocuments are to be attached th parents ephone bill/ration card) form will be rejected outright	s an integral part of be ipso facto null a s office in the schoo with the form:	the admission and void.	CHILD'S PASSPORT SIZE PHOTO 45 mm X 35 mm
Full Name:Surname		First Name		Middle Name
Gender: Male Fen	nale Mother Tongu	ıe:	Nationality:	
Religion:	_ Cast:		Sub-Cast:	
Date of Birth:	_ Age:	_ Years:	Months:	
Place of Birth:				
City: Pin Control Prince Residential Landline No.: With Area Code Permanent Residential Address:		Mobile No.: [:
City: Pin C	ode:	State:	Country	:
Residential Landline No.: With Area Code		Mobile No.: [
(b) MEDICAL DETAILS				
1) Any physical ailment:				
2) Any psychological disorder:				
3) Any learning disability:				
(c) PREVIOUS SCHOOLING, IF ANY				
Last Class Attended	Name of the Sci	hool	Last Academic Session	n / Year Attended

Any siblings studying in KB/KIS?	Yes No	· 2) Name:	Class:
II. FATHER'S DETAILS		, z) Name.	
Full Name:Sumame		First Name	Middle Name
Educational Qualification:			
Occupation: Service B	usiness F	Professional Practice	Any Other
Organization:		Designation:	
Phone No. (Office):		Mobile No.:	
Email:		PAN Card No.:	
Nature of job: Transferable N	lon-transferable		
III. MOTHER'S DETAILS			
Full Name:			
Surname		First Name	Middle Name
Educational Qualification:			
		Professional Practice	Any Other
Organization:			
Phone No. (Office):			
Email:		PAN Card No.:	
Nature of job: Transferable N	lon-transferable		
IV. TOTAL FAMILY INCOME - Rs.			
Below 2 lakhs 2 - 4 lakhs	4 - 8 lakhs	8 - 12 lakhs	Above 12 lakhs
V. HOW DID YOU COME TO KNOW ABOU	IT KR2		
			spaper Inserts
Bus Panel Website	Through friend	direlative Othe	(Please specify)
VI. DECLARATION			
1) We(Father's name)	&	her's name)	y declare that the information provided is true to
best of our knowledge and belief. We underst	and that if at any stage	the information is found to b	e incorrect, our ward's/child's application may be reje
We have read and understood the rules a of the school and its management with regard		_	to abide by them. We also understand that the deception and binding upon us.
			- 1
Father's Signature:		Mother's Signatu	re:
Guardian's Signature:			
Date:/ 20			
	•	or office use only)	
Remarks:			
Admission In-Charge's Signature:		Principal's Signa	ature: