

# BAI KABIBAI BALVATIKA

Munshi Nagar, D. N. Road,  
Andheri (W), Mumbai - 400 058.  
Phone : 022 2670 7417

Form No. : 2130

Affix  
Passport Size  
Photograph

- 1 Name of Pupil \_\_\_\_\_
- 2 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
- 3 Religion \_\_\_\_\_ Nationality \_\_\_\_\_
- 4 Mother Tongue \_\_\_\_\_
- 5 Standard to which admission is sought \_\_\_\_\_
- 6 Name of the father / Local Guardian \_\_\_\_\_
- 7 Name of the Mother \_\_\_\_\_
- 8 Permanent Address \_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_
- 9 Educational Qualification : Father \_\_\_\_\_ Mother \_\_\_\_\_
- 10 Occupation : Business / Service : Father \_\_\_\_\_ Mother \_\_\_\_\_
- 11 If in Service :
  - a) Name of the organisation :  
Father \_\_\_\_\_ Mother \_\_\_\_\_
  - b) Years in service :  
Father \_\_\_\_\_ Mother \_\_\_\_\_
  - c) Present post :  
Father \_\_\_\_\_ Mother \_\_\_\_\_
  - d) Kind of Job : Transferable / Non transferable :  
Father \_\_\_\_\_ Mother \_\_\_\_\_

12 Monthly Income : Father \_\_\_\_\_ Mother : \_\_\_\_\_

13 Office Address & Tel. No.

Father : \_\_\_\_\_ Mother : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel.: \_\_\_\_\_ Email : \_\_\_\_\_ Tel.: \_\_\_\_\_ Email : \_\_\_\_\_

14 Sibling's Record : (Only to be filled if studying in our organisation)

a) Brothers / Sisters if any, with Name , Standard and Name of the school in which Studying :

i) Name \_\_\_\_\_ Std. : \_\_\_\_\_ School's Name \_\_\_\_\_

ii) Name \_\_\_\_\_ Std : \_\_\_\_\_ School's Name \_\_\_\_\_

iii) Name \_\_\_\_\_ Std.: \_\_\_\_\_ School's Name \_\_\_\_\_

15 Achievement if any, of the following in the field of co-curricular, extra-curricular, cultural of social activities :

a) Father : \_\_\_\_\_

b) Mother \_\_\_\_\_

16 Nearest Bus Stop \_\_\_\_\_

17 Seeking admission for C.B.S.E. Board / S.S.C. Board. \_\_\_\_\_

18 I declare that the information given above is correct.

**Date :**

**Signature**

Father \_\_\_\_\_

Mother \_\_\_\_\_

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**NOTE :** You are requested to attach with this form the following :

- 1) Birth Certificate (Municipality)
- 2) Two Recent Photographs.
- 3) Xerox Ration Card or any other Residence Proof
- 4) Medical Certificate.

**\* Please fill in the form using Black Ball Point Pen in CAPITALS.**