



N.Z. Memorial Public School (H.S.)

Run by: N.Z. Educatinal Trust Reg.No.IV-00080 of 2004
At.Palsa, P.O. Patnour, P.S. Dalkhola, Dist. Uttar Dinajpur, Pin-733201

An Ideal Residential(I to XII-Boys) & Non-Residential (I to IV Boys & Girls) Institution

Admission-20.....

Sl.No. _____

STUDENT DATA FORM

Date

_____|_____|_____|_____|_____|_____|_____|_____|
D D M M Y Y Y Y

Use only block letters; please provide all details without leaving any blanks.

Affix recent
Colour
Photograph
Of the
Candidate
(Passport size)

Name _____

Admission in Class _____ Date of Birth _____ Gender: Male Female

Aadhan No. _____ Bangla Siksha ID _____
(if available)

Place of Birth _____ Birth Registration Number _____

Address: Country _____ State _____ Locality _____ District _____

Block/Munc/Corp _____ Panchayat _____ Post Office _____

Police Station _____ Pin Code _____ Mobile Number _____

Primary Contact information for communication (All information shall be provided to Primary Contact only)

Contact Person's Name _____

Relationship with the student: _____ Country _____ State _____ Locality _____

District _____ Block/Munc/Corp _____ Panchayat _____

P.O. _____ P.S. _____ Pin _____ Mobile _____

Father

Name _____ Qualification _____

Occupation _____ Monthly Income _____

Aadhar No. _____ Voter ID _____

Mother

Name _____ Qualification _____

Occupation _____ Monthly Income _____

Aadhar No. _____ Voter ID _____

Mother Tongue _____

Nationality _____

Religion _____

Caste: SC ST OBC General

*Provide Certificate
Previous School Details

Name of the School _____

Last Class Attended _____

*Admission Fees Details:-

Admission Fee / Re-Admission Fee _____ Monthly Fee _____

Last Academic performance record (Please put %Marks) for students seeking admission in Class II to Class XI

Bengali	English	Mathematics	P.Science	L.Science	Geography	History	Marks Obt.	Percentage

I / We _____ & _____ parent of _____ have read the School's rules and regulations and hereby agree to abide by the same. All the above mentioned details provided by me / us are true in all respect. In case of discrepancy with the facts, the school authority reserves the right to cancel the Registration form as well as the admission of the child. I also hereby agree to abide by the school rule that the school reserves the right to issue compulsory transfer certificate to the child for any act of indiscipline. I have read and fully understood these conditions and declarations.

PLACE:

DATE: _____ Signature of Parent / guardian

Name _____



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Acknowledgement Slip

Sl.No. _____

Received application of (Name) _____ Admission for Class _____

Meeting / Admission test (as applicable) Date _____ at _____ Admission Fee _____ Monthly Fee _____

Date _____ Signature of parent/guardian

(Admission In Charge)



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Sl.No _____

MEDICAL FORM

Use only block letters; please provide all details without leaving any blanks.

Affix recent
Colour
Photograph
Of the
Candidate
(Passport size)

Date of Birth
D D M M Y Y Y Y

Gender : M F Age:

Name _____ Class _____

Weight: _____ (kg) Height: _____ (cm) Blood Group: _____ Power (in case of spectacles): L/E R/E

Medical History: (Please give the details of any serious illness / operation, contagious/infectious diseases, your child might have suffered / undergone)

(হাম) (মাম্পস) (জল বসন্ত) (জন্ডিস) (যক্ষ্মা) (মুগীরোগ) (সোয়াইন ফ্লু)

1. Diseases suffered: (like Measles, Mumps, Chicken Pox, Jaundice, Tuberculosis, Epilepsy, Swine Flu (H1 N1), COVID 19 etc)

Sl. No.	Disease	Year

2. Operation Undergone: (like Appendicitis, Fracture etc.)

Sl. No.	Disease	Year

Allergy (if allergic to any Drug or Food) _____

I/ we hereby give / do not give/ shall write back in 10 days, my consent for vaccination of my child for (i) Typhoid (ii) Chicken Pox (iii) Hepatitis A (iv) Hepatitis B (v) Any other Vaccine. (Strike all whichever is not applicable)

Place: _____

(Signature of Parent / Guardian) _____

Date: _____

Name (in capital letters) _____

“কোনো বাচ্চা যদি চিকিৎসাধীন অবস্থায় থেকে থাকে তাহলে সেক্ষেত্রে বাচ্চার প্রেসক্রিপশন, রিপোর্ট এর জেরক্স কপি অবশ্যই অফিসে জমা দিবেন।”

NOTE:-

১) প্রতি মাসের বেতন ওই মাসের ৫তারিখের মধ্যে অগ্রিম দিতে হবে। ভর্তি করার সময় ভর্তির ফী এর সঙ্গে এক মাসের বেতন দিতে হবে।

২) বই, ড্রেস, খাতা, কলম ইত্যাদি এবং ছাত্রের ব্যবহার্য সমস্ত জিনিস আলাদা দিতে হবে। ছাত্রদের মেডিক্যাল বিল আলাদা দিতে হবে।

৩) প্রতি রবিবার 9832900041/9832900042 এই নম্বরে বাচ্চাদের সাথে কথা বলতে পারবেন সকাল ৯টা থেকে বিকাল ৪টা পর্যন্ত যেকোনো সময়।

Age Criteria (as on 1st January 2024)

I	II	III	IV	V	VI	VII	VIII
6+	7+	8+	9+	10+	11+	12+	13+