



CHILDREN'S ACADEMY

MALL AVENUE, LUCKNOW. PHONE: 0522-2239565

APPLICATION FORM

1. Name of the candidate in full (in block letters).....
.....
2. Date of Birth Child's Age..... Age Proof.....
3. a. Name of the Father (in block letters)
b. Name of the Mother (in block letters)
4. Qualification, Occupation & Monthly Income of Father/ Mother.....
.....
5. Name of the Institution & the class last attended.....
.....
6. Result of last examination:

	Subjects	M.M.	Half Yearly Marks obt.	M.M.	Annual Marks obt.	Percentage
1.	English					
2.	Hindi					
3.	Maths					
4.	Science					

7. Class to which admission is sought.....
8. Permanent Address
9. Telephone No. (Residence) (Office)

Note: Attach an attested **TRUE COPY** of **Birth Certificate** for **K.G.** and attach **T.C.** (in original) for other classes along with the Mark Sheet of last final exam.

Dated:

Rs. 50 /-

Parent

Full Name.....