

Form No. : \_\_\_\_\_ 797

Admission No. : \_\_\_\_\_



Dr. D. Y. Patil Educational Academy's

**DNYAN PUSHPA VIDYANIKETAN & JR. COLLEGE**



Sector-4, CBD Belapur, Navi Mumbai-400614 Phone No. 27571152 / 27571045

**APPLICATION FORM FOR ADMISSION**

**KG. SECTION**

(Kindly fill the form in Block letters)

Class to which admission is sought \_\_\_\_\_

1. Name of the Pupil in full \_\_\_\_\_  
(Surname) (Student's Name) (Father's Name)

Mother's Name : \_\_\_\_\_

2. a) Religion : \_\_\_\_\_ b) Caste : \_\_\_\_\_

3. Mother Tongue : \_\_\_\_\_

4. Sex : Male / Female \_\_\_\_\_

5. Place of Birth : \_\_\_\_\_

6. Date of Birth : Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

7. Name and address in full of the Parent / Guardian : \_\_\_\_\_

Residence Phone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**8. EDUCATIONAL QUALIFICATIONS :**

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

9. Occupation of the Parents / Guardian with office Address in Full \_\_\_\_\_

Office Phone No. \_\_\_\_\_

10. Monthly Income of Parents / Guardian : \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent / Guardian

**FOR OFFICE USE ONLY**

Date of Admission : \_\_\_\_\_

Accounts Clerk

Signature of Principal