



Swami Dhananjaydas Kathiababa Mission School

(Affiliated to CBSE, New Delhi, an English Medium & Co-educational institute)

Founder : Dr. Brindaban Bihari Das, Kathiababa

Patunagar, PO: Durjoynagar, Agartala, TRIPURA (W) – 799009

City Office: 10, Jail Road, Math Chawmuhani, Agartala, TRIPURA (W) – 799001

Phone: 91-381-2315891, e-mail : sddkms.agartala@gmail.com

alt, kathiababa.agartala@gmail.com

(Form for admission for classes from Nursery to Xth standard, Session 2014-15)

1. Name of the Ward: _____ | _____
(in block letters) (surname) (given name)
2. Father's/Guardian's Name: _____ Occupation: _____
Qualification: _____ Mobile No: _____
3. Mother's Name: _____ Qualification: _____ Occupation: _____
4. Address: _____
_____ Pin _____ Res. Tel. No: _____
5. Date of Birth of the Ward: ____/____/____ (dd/mm/yyyy) 6. Age on Date: _____ yrs _____ mths
7. Male / Female : _____ 8. Blood Group: _____ 9. Seeking admission for Class: _____
10. Religion: _____ 11. Whether S.C./ S.T./ O.B.C./Minority: _____
12. Any critical /unusual ailment: _____ Details: _____
13. Name of the previous School studied at: _____
14. Name(s) of brother/sister: 1. _____ Class: _____
studying in this school 2. _____ Class: _____

(3.5 cm x 4.5 cm
colour photo)

- Attachments :
(photocopies)
- One colour passport size photograph of the ward
 - Proof of Date of Birth (issued by Municipal Corporation or any other competent authority)
 - Address proof of Parent/ Guardian (photocopy of Ration Card / Voter ID Card / Passport / AADHAR Card)
 - Blood Group test report from a registered medical practitioner / hospital/ registered clinic
 - Proof of Nationality of parents from appropriate Govt. Authority/Gazetted Officer/MLA etc.
 - Academic results for the past two years in case migrating from another school (for classes from I to Xth)
 - Polio Vaccination card (for Nursery & KG admission only)
 - Proof of S.C./ S.T./ O.B.C./ Minority

Signature of Parent / Guardian : _____ Date: _____

(FOR OFFICIAL USE ONLY)

We acknowledge the receipt of the filled up Application Form

ADMIT CARD FOR ADMISSION TEST (I to Xth) / INTERVIEW (Nursery & KG)

(3.5 cm x 4.5 cm
colour photo)

Name of the Ward: _____ For Class: _____

Date of Written test / Interview: _____ Time: _____

Signature of Officer with Seal: _____ Date: _____