

SHREE KEDARNATH OJHA INTERMEDIATE COLLEGE

JHANGA HATA-KUSHINAGAR (U.P.) Session: 20 **ADMISSION FORM** Registration No. **LKG** UKG 4th 5th Nursery 1st 2nd 3rd 11th 7th 8th 10th 12th Class 6th 9th 1. Name of the Student (In Black Letter) छात्र/छात्रा का पूरा नाम 2. Date of Birth 3. Father Name **Educational Qualification** Mother's Name माता का नाम.... **Educational Qualification...** 5. Trasportation Facility Required: Vehicle No.Place of Boarding the Bus. Admitted ClassBlood Group. Religion.Nationality. Identification Mark. Last Institution Name Local Adress .. Aadhar No. Email ID(If any) Resident **Qualified Examination** Compulsory Subject I, solemnity declare that the date of birth and other particulars given are correct to the best of my Knowledge and ballet Signature of Student Signature of Parents/Guardian Date Date