

Butterfly School (School of Excellence)

Lohapur(Near SBI): Nalhati: Birbhum

UDISECode: 19081705307

Admission Form for the session 20...

Admission No..... Registration No.....

Class..... Sec.....

Student's Information

1. Full Name of the Student:

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2. Date of Birth:/...../..... Gender: Male Female Other

3. Class to which admission is sought:

.....

4. Previous School (if any):

.....

5. Blood Group: 6. Aadhar No

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Parent / Guardian Information

1. Father'sName.....

Occupation:.....

Contact

No.....

2. Mother's

Name:.....

Occupation:.....

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Contact

No.....

3. Guardian's Name (if other than parents):

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4. Relation:

ContactNo:.....

Address of the Student

Village/Para:

.....
Post Office: Police Station:

.....
District: PIN Code:

.....
Other Details

1. Transport Required: Yes No
2. Any Medical Condition:

Declaration

I hereby declare that the information given above is true to the best of my knowledge. I shall abide by the rules and regulations of Butterfly School.

Approved by Admission Controller

Signature of Parent/Guardian:

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Date: