

MOHINIDEVI CHUNILAL SOMANI ABMM
EDUCATIONAL FOUNDATION

16, STRAND ROAD, DIAMOND HERITAGE, ROOM NO.517, 5TH FLOOR,
KOLKATA-700001.PH. NO. 8657903921

PRIMARY EDUCATION HELPLINE APPLICATION FORM

Photo

1. Name of the Student

2. Date of Birth (Student)

3. Residential Address

4. (a) Student's Father Name & Contact No.

(b) Student's Mother Name & Contact No

5. Family Annual Income (Below 3 Lakhs)

(a) Details of Present Company

(b) Name of the Employer

(c) Occupation Of Student's Father/Mother

(d) Address of the Office

(e) Contact no of the Employer

6. Socio Economic Data Registration No.

7. Present Educational Details

- (f) Name of the School : _____
- (g) Address : _____

- (h) Class and Division : _____

8. Bank Details of Present School (compulsory)

- (a) Name of the Bank(School) : _____
- (b) A/c No : _____
- (c) Branch : _____
- (d) IFSC Code : _____

9. References

Office bearers of Kshetriya/Jila Sabha/Prantiya Sabha/Mahasabha Karyakari Mandal

- | Name | Designation | Signature | Mobile No. |
|------|-------------|-----------|------------|
| (i) | | | |

DECLARATION:

I hereby declare that the above information is true to the best of my knowledge and belief.

Place: _____

Date: _____

[Signature]

Important Notes:

- (a) Trust Committee decision will be final.
- (b) Socio Economic data should be Compulsory
- (c) Students Father/Mother Pay slip Compulsory
- (d) Clear Xerox copy of Aadhar Card