

St. Joseph's Convent

KALIMPONG – 734 301, DARJEELING Phone: 03552 255278 / 260098 E-mail: sjckalimpong@gmail.com



ADMISSION FORM FOR ADMISSION TO ISC YEAR

Name of the Student : (IN BLOCK LETTERS)	
Date of Birth : DD MM YEAR Place : Date of Birth once recorded at admission cannot be changed	
	BC GEN
Nationality : Religion:	A
Name of the Father :	
Nationality : Occupation :	
If in Service, Rank / Designation : Department :	
If in Business, Nature of Business:	
Address of the Business Premise:	
Name of the Mother : Occupation:	
Postal Address:	
Phone: Off Res	Mob
Date and Year of Baptism : DD MM YEAR To be filled by Christian students	only
VID Number of ICSE : Year :	
Icertify that (a) the particulars stated above regarding the candidate named are true to the best of my knowled belief. (b) My daughter / ward and I promise to abide by the rules of the School.	f dge, information and
Date:	Signature
	Father / Mother

The following documents must accompany this Application:

- 1) A copy of the Progress Report of classes IX and X.
- 2) A Medical certificate of fitness.