Form No.

THE ICON INSTITUTE OF SCIENCE

BALIADANGAMORE, KALIACHAK, MALDA. (W.B- 732201)
Govt. Regd. No. 090100158/2024
Call: 8509763220(Office) / 9735671309 / 9557632892 / 9733466323
theiconmalda@gmail.com
theiconacademy.in

Paste Your Recent Passport Size Colour Photo

APPLICATION FORM FOR ADMISSION: 20

[Fill in all the Columns in Capital Letters.]

1	Full name of the Applicant :											
2	Applicant Aadhaar Number											

3 Father's Name & Address

Father's Name			
Vill			
P.O.			
P.S.			
Dist		PIN	
Occupation			
Monthly Income			
Phone No			

4 Guardian'S Name & Address

Father's Name			
Vill			
P.O.			
P.S.			
Dist		PIN	
Occupation			
Monthly Income			
Relationship With the student			
Phone No			

5 Mother's Name

Qualification		Occupation	

6 Date of Birth

Day		Month		Year				

7 Name of the previous Institution | **Seeking admission for Class**

8

Gender		Caste				Religion		Nationality		Whether physically handcapped				Whethe the student in interested in reserving hostel seat			
Male		GN		ST		Hindu		Indian		Yes		No		Yes		No	
Female		SC		OBC		Islam		Others									
						Others											

Guardian's Declaration:

I solemnly declare thet the above particulars about.....

.....are ture and correct to the best of my knowledge.

Full Singtare of the Guardian/parent

Full Singtare of the Applicant

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ADMIT CARD

Name of the Applicant.....

Father's or Guardian's Name.....

Class.....

Admission Exam Centre Name:

Exam Date:

Seal & Singature of the Headmaster