



JK CRICKET ACADEMY

Near J K International School, Agru, Ratu, Ranchi (Jharkhand)

Mobile : 9631921620, 7369017905

E-mial : info@jkcricketacademy.co.in | Website : jkcricketacademy.co.in

REGISTRATION FORM

1. Full name of the students (*In Block Letter*)
2. Date of Birth (*in Figures*) (DATE) (MONTHS) (YEAR)
3. Nationality of Child Gender (M/F)
4. Blood Group Mother Tongue Home Town
5. Fathers' s Name (*In Block Letter*)

**Attach
Recent
Photograph**

Office Address
.....

Mobile No. Fax No. Email ID

6. Permanent Residential Address
..... PIN

Res. Tel. No. Mobile No. Email Id

State Nearest Railway Station/Airport

7. Present Residential Address
..... PIN

Res. Tel. No. Mobile No. Email Id

State Nearest Railway Station/Airport

8. Local Guardian Address
..... PIN

Res. Tel. No. Mobile No. Email Id

State Nearest Railway Station/Airport

9. Authorised Mobile/Telephone No. of contacting the Parents as well as sending SMS

FOR OFFICE USE ONLY

Registration No. Full Name of the student

Admission granted in

Admission In charge

Date

(Authorized Signature)

Enclosures :

1. Registration Fee in Cash
2. Self Attested Photocopy of Municipal Birth Certificate
3. 5 Photographs (color passport size)
4. Medical certificate of the child by a registered Medical Practitioner.

Declarations :

1. That the particulars furnished by me in this form are authentic and I will not change any information submitted with this form.
2. That the date of birth given is the same as recorded by the Registrar of births and deaths and I will not alter the same in future.
3. That the medical information submitted by me along with this form has been written by a Registered Medical Practitioner.
4. That I will pay all fees within given time by the J K Cricket Academy authority .
5. That I have read the Prospectus fully and I am ready to comply with all the rules and regulations fees and information's mentioned in it.
6. That I am aware that the rules and regulations, fees payable etc. may be revised from time to time .

Date :

Place :

.....

Signature of the Parents



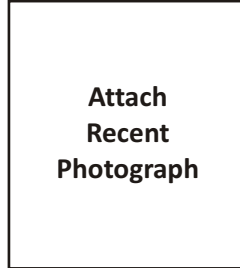
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HOSTEL ADMISSION FORM



Student

1. Student Information

Admission Number Session

Full Name of the Student (*In Block Letter*)

2. Permanent Residential Address

.....

..... PIN

Res. Tel. No. Mobile No. Email ID

State Nearest Railway Station/Airport

3. Present Residential Address

.....

..... PIN

Res. Tel. No. Mobile No. Email ID

State Nearest Railway Station/Airport

4. Local Guardian Address

.....

..... PIN

Res. Tel. No. Mobile No. Email ID

State Nearest Railway Station/Airport

Medical Emergency Information

Blood Group	
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Past Medical History (put a for the Correct Option)

Allergies	Cardiac	Surgery
<ul style="list-style-type: none"> ◆ None ◆ Unknown ◆ ◆ ◆ 	<ul style="list-style-type: none"> ◆ None ◆ Unknown ◆ Angina ◆ Arrhythmia ◆ Cardiamopathy ◆ CHF ◆ Congenital ◆ Implanted Defib ◆ MI ◆ Other 	<ul style="list-style-type: none"> ◆ None ◆ Unknown ◆ Abdominal ◆ Heart ◆ Lung ◆ Neurological ◆ Other

Chronic Illnesses (put a for the Correct Option)

<ul style="list-style-type: none"> ◆ None ◆ Asthma ◆ Bleeding disorder ◆ Cancer ◆ COPD ◆ CVA / TIA ◆ Diabetic 	<ul style="list-style-type: none"> ◆ Dialysis / Renal ◆ Gastrointestinal ◆ Headaches ◆ Hepatitis ◆ HV+ ◆ Hypertension ◆ Paralysis 	<ul style="list-style-type: none"> ◆ Psychological ◆ Seizures ◆ Substance Abuse ◆ TB ◆ Unknown ◆ Other
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Current Medications

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Family Physician

Medical Emergency Information

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