



Registered No F 2903 (BOM) under the Public Trust Act

Registered No. Bom 141/73 G.B.B.S.D. under Societies Registration Act

80G Certificate No, DIT(E)/MC/80-G/2159/2007/2007-08

SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION'S LADY KHATUN MARIUM SCHOOL

Campus Nhava, Mumbai, Panvel Taluka. District Raigad 410 206. Maharashtra, India.

Tel No 022-27212903/944 Email: admissions@lkmschool.edu.in

Affiliated to the Central Board of Secondary Education, Delhi

Affiliation No. 1130041, School Code 30028, UDISE No. 27240809803

NURSERY ADMISSION FOR ACADEMIC YEAR 2024-25

FORM NO.: _____

DATE: _____

1. Name of the Student (in Block Letters)

(Surname) (First Name) (Father's Name)

2. Date of Birth (in Figures): ____ / ____ / ____ (Please attach Birth Certificate Copy)

3. Class in which admission sought: _____

4. Aadhaar Card No.: _____ (Please attach Aadhaar Card Copy)

5. Nationality: _____ 6. Blood Group : _____

(Please attach Blood Group Report)

7. Caste: _____

(Please attach Caste Certificate for caste other than General Category)

8. Father's Particulars:

(a) Name (in Block Letters):

(Surname) (First Name) (Father's Name)

(b) Academic Qualifications: _____

(c) Occupation / Designation: _____

(d) Office Address: _____

(e) Contact / Telephone No.: _____ E-mail : _____

9. Mother's Particulars:

(a) Name (in Block Letters):

(Surname)

(First Name)

(Husband's Name)

(b) Academic Qualifications: _____

(c) Occupation / Designation: _____

(d) Office Address: _____

(e) Contact / Telephone No.: _____ E-mail : _____

10. Permanent Address: _____

11. Address for Correspondence (if different from above):

12. Are your parents Alumini of LKM School (Yes/No): _____

If yes, please give details: _____

13. Any siblings studying in LKM School? (Name and Classes studying in):

CERTIFICATE

I hereby certify that whatever is stated herein is true to the best of my knowledge, belief and understanding. I also fully understand that on accepting the registration of my ward the school is not in any way bound to grant admission, as admission is based purely on availability of seats. I understand that the decision of the Admission Committee regarding admission will be final and binding on me.

UNDERTAKING

I undertake that while the School takes all reasonable precaution to ensure the safety and well-being of students, I will not hold Lady Khatun Marium School responsible for any circumstances beyond its control, including accidents, injuries, or loss of personal belongings that might occur during school hours or during the below mentioned school-related activities:

- Sports activities
- Extra-curricular activities
- School bus trips
- Outgoing tours / picnics / examinations
- Swimming
- Science Exhibitions
- Academic Laboratory Classes
- Celebration of Festivals, Events, etc.

I hereby grant my consent for the School authorities to seek and obtain medical treatment for my child in case of illness, injury, or any other medical emergency during school hours or while participating in school-related activities. I also agree to bear the medical expenses incurred thereof.

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____ **Date:** _____

----- OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE) -----

Admission Granted: Yes / No Class: _____

DD No.: _____ Dated: _____ Drawn on: _____

Principal

Chairperson