



**DR. GRAHAM'S HOMES - KALIMPONG**  
**Founded by the Very Rev. John Anderson Graham, C.I.E, D.D., L.L.D**

**REGISTRATION AND APPLICATION FOR ADMISSION AS A BOARDER**

(In the year of admission to UKG, the students must have completed 5 years of age on 31st March and an upward sliding scale is used accordingly for other classes)

**A. PARTICULARS OF THE STUDENTS :**

1. Name in full ( SURNAME FIRST):

2. Sex of the Student:

3. Date of Birth :

(Municipal record of Birth to be attached -No change will be permitted later)

4. Nationality :

5. Religion :

6. SC/ST/OBC/GEN:

7. Name of the School in which the candidate is studying:

8. City/ Town in which the school is located :

9. Class in which the student is studying :

10. Second Language being learned by the student:

11. Year in which admission is sought :

12. Class into which admission is sought :

13. Aadhar Card No. (If applicable):



\_\_\_\_\_  
**Fathers Signature**

**Dated:**\_\_\_\_\_

\_\_\_\_\_  
**Mothers Signature**

**Dated:**\_\_\_\_\_

**B. PARTICULARS OF PARENTS:**

**I. Father:**

- 1. Name in Full (SURNAME FIRST) :
- 2. Nationality: 3. Religion :
- 4. Occupation /Business : 5. Annual Income :
- 6. Residential Address :

Phone

Mobile :

Email :

- 7. Office Address :

Phone

Email :

**Signature of Father** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**II. Mother :**

- 1. Name in Full (SURNAME FIRST) :
- 2. Nationality: 3. Religion :
- 4. Occupation /Business : 5. Annual Income :
- 6. Residential Address :

Phone

Mobile :

Email :

- 7. Office Address :

Phone

Email :

**Signature of Mother** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**III. Local Guardian:**

- 2. Name in Full (SURNAME FIRST) :
- 2. Nationality: 3. Religion :
- 4. Occupation /Business : 5. Annual Income :
- 6. Residential Address :

Phone

Mobile :

Email :

- 7. Office Address :

Phone

Email :

**Signature of Local Guardian** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**A. PARTICULARS OF STUDENT**

1. Name in full ( SURNAME FIRST):

2. Sex of the Student:

3. Date of Birth :

(Municipal record of Birth to be attached -No change will be permitted later)

4. Nationality :

5. Religion :

6. SC/ST/OBC/GEN:



**B. PARTICULARS OF PARENTS:**

**Father:**

1. Name in Full (SURNAME FIRST) :

2. Nationality:

3. Religion :

4. Residential Address :

Phone

Mobile :

Email :

5. Office Address :

Phone

Email :



**Signature of Father** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Mother :**

1. Name in Full (SURNAME FIRST) :

2. Nationality:

3. Religion :

4. Residential Address :

Phone

Mobile :

Email :

5. Office Address :

Phone

Email :



**Signature of Mother** \_\_\_\_\_

**Dated:** \_\_\_\_\_