



# ALL-INDIA KHILAFAT COMMITTEE JUNIOR COLLEGE OF EDUCATION

Serial No. 1141

To,  
THE PRINCIPAL,  
All India Khilafat Committee Junior College of Education  
Khilafat House, 173-175, Motishah Lane,  
Byculla, Mumbai 400 027. Tel. : 2377 5516



Sir / Madam,

I am desirous of having my son / daughter / ward admitted to your School. I have read the rules and regulations and agree to abide by them. I give below his / her particulars (\*in accordance with his/her last School Leaving Certificate):  
( Use Capital Letters )

1.\* Surname (if any) \_\_\_\_\_ Name \_\_\_\_\_ Father's Name \_\_\_\_\_

2.\* Place of Birth \_\_\_\_\_ 3.\* Date of Birth \_\_\_\_\_

4.\* Nationality \_\_\_\_\_ Caste (with sub-caste, if any) \_\_\_\_\_

5.\* Educational Status

Last Examination passed	Percentage of Marks obtained	Name of the School	Medium of instruction
S. S. C.			
H. S. C.			
(ANY OTHERS)			

6. Mother Tongue \_\_\_\_\_ 7. Other Languages known \_\_\_\_\_

8. Class to which admission is desired \_\_\_\_\_

9. Father's / Guardian's Name \_\_\_\_\_

10. Father's / Guardian's address in Mumbai \_\_\_\_\_

Name of Building \_\_\_\_\_ Floor \_\_\_\_\_ Room/Flat No. \_\_\_\_\_  
House No. \_\_\_\_\_ Street \_\_\_\_\_ Mumbai No. \_\_\_\_\_

11. Relationship with guardian \_\_\_\_\_ 12. Father's / Guardian's occupation \_\_\_\_\_

13. Permanent home address of Father / Guardian \_\_\_\_\_

Office Telephone No. \_\_\_\_\_ Residence Tel. No. \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant

NOTE :- This form must be sent together with admission fee and the School Leaving Certificate.  
The admission fee shall not be refunded if admission is not granted.

For Office use	
Admission granted / refused to _____ Class _____	Principal _____
Date _____	Application No. _____
Admission Fee Receipt No. _____	G. R. No. _____
Date _____	
Signature of Fees Clerk _____	Signature of Office Clerk _____