



School Name : Vinayak Raj Schools Varanasi
Branch : Shivpur Campus **Mobile :** 751802XXXX
Address : Vinayak Raj Schools Banaras, Shivpur, Varanasi, Uttar Pradesh 221204

ADMISSION INQUIRY FORM (2024-25)

DATE & TIME : 2024-10-14 15:07:24

REF. NO. : 927206399674

SUBMITTED

STUDENT DETAILS

Student's Full Name : **SAMIKSHA JAISWAL**

Date Of Birth : **2018-05-24**

Mother's Name : **PRIYA JAISWAL**

Father's Name : **AJIT KUMAR JAISWAL**

Contact No : **8574586947**

Gender : **FEMALE**

ACADEMIC DETAILS

Previous or Current School Name : **BAL VIDYA VATIKA SISHU MANDIR**

Student PEN No. : **21052151020**

Parent's Annual Income : **Upto 3 Lakh**

Previous Class : **II**

Class He/She Wants To Take Admission : **III**

Category : **OBC**

Minority Status : **NO**

Only Child : **YES**

Email : **ascfsdf@mail.com**

RESIDENTIAL DETAILS

State : **Uttar Pradesh**

Pincode : **215415**

City : **Varanasi**

Affiliation Number : **2130727**

Full Address : **B 1545A/AAS 15A1, Uttar Pradesh, Varanasi - 215415**

MESSAGE / DECLARATION

Message (If Any) : **NO MESSAGE**

Declaration : I, the undersigned, confirm that the information provided in this School Admission Enquiry Form is accurate to the best of my knowledge. I understand that submitting this form does not guarantee admission, and the school will contact me for further details.



ADMISSION INQUIRY PLUGIN



Powered By **Result Hosting™**