

# TAKSHSHILA INTERNATIONAL EDUCATION CENTRE

(Main Wing)

Off: Greater Kailash, Jajmau, Kanpur - 208010

Phone : 0512- 2462449. Mobile No: +91 9450008556.

Email: [tieckanpur@gmail.com](mailto:tieckanpur@gmail.com)

(Hanspuram Wing)

Off: 1-B Hanspuram, Naubasta, Kanpur

Phone: 0512-2626222, Mobile No. : 8303214020

Email: [tiechanspuram@gmail.com](mailto:tiechanspuram@gmail.com)

(Unnao Wing)

Off:73,Bahurajmau Unnao-209801

Mobile No.:-6306979594

Email: [tiecunnao@gmail.com](mailto:tiecunnao@gmail.com)



Website : [www.tieckanpur.com](http://www.tieckanpur.com)

## Enquiry Form

<b>Master/ Miss</b>		<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>		
<b>Date of Birth</b> DD __/ MM __/ YY ___		<b>Date of Birth</b> In Word				
<b>Seeking Admission For</b> T.I.E.C		<input type="checkbox"/> Grade V <input type="checkbox"/> Grade VI <input type="checkbox"/> Grade VII & Above				
			<b>Name (s)</b>		<b>Grade (s)</b>	
<b>Previous School attended</b>						
<b>Name and Grade of sibling(s) currently studying/ studied in our school (if applicable):</b>						
<b>Mother's Name</b> : _____						
<b>Father's Name</b> : _____						
<b>Guardian's Name:</b> _____						
<b>Mobile numbers</b> : Mother _____ Father _____ Guardian _____						
<b>Current Residential Address:</b> _____						
<b>E-Mail</b> : _____						
<b>City:</b>		<b>Pin:</b>		<b>Residence Tel:</b>		
<b>How did you hear about us ?</b> <input type="checkbox"/> Hoarding <input type="checkbox"/> Newspaper/ Magazine Advertisement <input type="checkbox"/> Pamphlets/ fliers <input type="checkbox"/> Bus backs <input type="checkbox"/> live in the area <input type="checkbox"/> Friends /Relatives/ Neighbours <input type="checkbox"/> Others _____						
<b>What influenced your decision to make T.I.E.C your final Choice ? (Tick <input type="checkbox"/> all that apply )</b>						
<input type="checkbox"/> KKEL vision and philosophy		<input type="checkbox"/> Creative methodology used in the class room				
<input type="checkbox"/> School Infrastructure		<input type="checkbox"/> Support program for children				
<input type="checkbox"/> Student – Teacher ratio		<input type="checkbox"/> Location of school				
<input type="checkbox"/> Approach/ Attitude of school staff		<input type="checkbox"/> Parent/ Friend recommendation				
<input type="checkbox"/> Homework policy		<input type="checkbox"/> any others, please specify				
<input type="checkbox"/> Extended learning opportunity (special days, Field trips and other events) _____						
<b>Mode of Communication</b>						
Please Indicate the Mode of Communication <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> SMS						
<b>Parent/ Guardian's signature</b> _____				<b>Date</b> _____		
Or Office Use only						
Form Processed by		<input type="checkbox"/> Admission taken		<input type="checkbox"/> Admission Counselling		
Registration No. _____		<input type="checkbox"/> Admission Kit taken		<input type="checkbox"/> Follow up needed		
<b>Signature of Administrator</b> _____						