



The Paramount Academy

ENGLISH MEDIUM

(To be Affiliated to C.B.S.E. New Delhi)

Bank Road, Shastri Nagar, Maharajganj (U.P.)

Contact at : +91-7703001027, 33, 37, E-mail: theparamountmrj2015@gmail.com

Website : theparamountacademymrj.com

REFERENCE FORM

Session- 2025-26

(For office use only)

Reference Form No. _____ Test-Date: _____ Time _____

Basic Information :-

Please tick (✓) if applicable :-

P.M.A. Alumni

Staff Ward

Real Sibling

Please affix a recent photograph of the child here

A. Admission to Class: _____

B. Name of the School attended last: _____

C. Reason for leaving the Prev. school: _____

1. Student's Name (In Block Letters): _____

2. Gender (Please tick ✓): Male Female

3. Date of Birth :

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							

(In words) : _____

4. Age as on 31st March, 2025-26 _____

5. Nationality and Religion of the student : Nationality- _____ Religion- _____

6. Caste and Category (tick ✓) : Caste _____ Cate: Gen OBC SC ST

7. Whatsapp No.: _____

8. Residential Address with complete postal address & telephone number(s).

Address : Vill / Ward- _____ P.O. _____ Dist. _____

Ph. _____ Mob. _____

9. Father's Name (In Block Letters) : _____

Academic Qualification : _____

Occupation: _____ Designation: _____

Name & Address of the Organization where employed : _____

Office Tel. / Mob.No.: _____ E-mail : _____

10. Mother's Name (In Block Letters) : _____

Academic Qualification : _____

Occupation: _____ Designation: _____

Name & Address of the Organization where employed : _____

Office Tel./ Mob. No. _____ E.mail _____

Signature of Student

Signature of Parents

Signature of Principal