AMNS INTERNATIONAL SCHOOL

AMNS TOWNSHIP, HAZIRA – 394 270
PH. NO. 0261-6684073 E-Mail: school.admin@edu.amns.in

CAUTION MONEY FORM

Name of the student : _____

Name of the parent : _____

Address : _____

_____

_____

Mobile No : _____

Email Id : _____

Date of Joining : _____

Receipt No & Date : _____

Bank Account No : _____

(xerox copy of cancelled cheque)

Bank Name : _____

IFSC Code : _____

Name of Bank Account holder: _____

The class last attended : _____

Reason for leaving school : _____

Parents Signature: AM Sign: Date:

FOR OFFICE USE ONLY

GR. No : _____ SR. No : _____

Date of Joining : _____ TC issue date : _____

Amount : _____ Given to Accts : _____

Received date : _____ Mindspark clearance: _____

Lab Clearance : _____

Library Clearance : _____

Sign of OA: _____ Sign of A/c Asst: _____

Sign of A/c officer: _____ Amt of CM refund: ____ CM refund date: _____ Sign of AM: _____