Application for Allotment of Password

Date :----------------
From     : ---------------------------------------------  Tel. No :----------------
Address: ---------------------------------------------  Email Id:-----------------------  

Sir,
My following children are studying in IISD. Please provide me the password for verification of payment details through IISD website.

<table>
<thead>
<tr>
<th>S.no</th>
<th>Name</th>
<th>Admission No.</th>
<th>Class</th>
<th>For office use</th>
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</table>

Signature of the parent

For Office use:

Date:  
Password Allotted    Y/N

Signature

Note: Please submit this form at the school reception. The password will be intimated the following day through your mail id. Call up to extension 221 of IISD for clarification, if any.