Student's Personal Record

(Please write in Block Letters)

OFFICE COPY

Paste stamp size photograph

Name of the Student …… Date of birth ……..

Admission No…….. Class …… Section …… Nationality ……..

Category (General/SC/ST/OBC)Religion ……..

Medical History: Blood Group…… Allergies/Chronic Ailment (if any) ……..

Home Address ……

……Telephone No. ……

Father's Name ……..……Occupation ……..

Office Address …… e -mail ……..……..

Father's Telephone No.(Off.) ……Mobile ……

Mother's Name ……..……Occupation ……..

Office Address ……e -mail……

Mother's Telephone No.(Off.) ……Mobile……

Name of real sister/brother studying in the same school ……

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Class/Section ……..

I have read the rules and regulations of the school and I promise to abide by them and see that my child also conforms to the standards required by him/her in conduct and studies.

…… ……

Specimen Signature of Father Specimen Signature of Mother