



HEALTH AND ACTIVITY CARD GENERAL INFORMATION



Aadhar Card no. of Student _____

NAME: _____

ADMISSION NO: _____ DATE OF BIRTH: _____

M F T: _____ BLOOD GROUP: _____

MOTHER'S NAME: _____

Y O B: _____ WEIGHT _____ HEIGHT _____ BLOOD GROUP _____

AADHAR CARD NO. _____

FATHER'S NAME: _____

Y O B: _____ WEIGHT _____ HEIGHT _____ BLOOD GROUP _____

AADHAR CARD NO. _____

FAMILY MONTHLY INCOME _____

ADDRESS _____

PHONE NO. _____ (M): _____

CWSN, SPECIFY _____

Parent declaration: - I certify that above information is true and correct.

Father's Name _____ Mother's Name _____

Signature of Father's _____ Signature of Mother's _____ Date: _____

Mobile No. _____ Mobile No. _____

Chauhan