

HEALTH AND ACTIVITY CARD GENERAL INFORMATION



Aadhar Card No. of Student (Optional) : _____

Name: _____

Admission No.: _____ Date of Birth:

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M F T

Blood Group : _____

Mother's Name : _____

YOB* _____ Weight* _____ Height* _____ Blood Group _____

Aadhar Card No.* : _____

Father's Name : _____

YOB* _____ Weight* _____ Height* _____ Blood Group _____

Aadhar Card No.* : _____

Family Monthly Income * _____

Address _____

Phone No. _____ (M) : _____

CWSN, Specify _____

Signature of Parents / Guradian

Date:

* Optional information, that need not be shared with CBSE. Data privacy and protection shall be the responsibility of the concerned school.

NOTICE


Ref.No. DAV(CSP)/3870/2018

Date : 18.12.2018

Dear Parents,

In response to CBSE Circular No. Acad-10/2018 and Circular no. 11/2018, regarding Mainstreaming Health & Physical Education in schools especially for class IX to XII, the following information of parents is required. All the datas need to be authentic and must tally with the information given during registration of candidate to CBSE. In this regard, kindly fill all the particulars and submit it to the respective Class Teachers by 21.12.2018 positively.

Anticipating your whole hearted co-operation.


Academic Supervisor 18/12/18