

ANY PARTICULAR TYPE OF SICKNESS WHICH HE IS PRONE TO, IF SO, THE GENERAL LINE OF TREATMENT TO WHICH HE RESPONDS.

FULL DETAILS INCL. NAME, ADDRESS, TEL. NOS, BOTH OWN AND NEARBY ONES, WHO MAY CONVEY URGENT MESSAGE QUICKLY TO YOU.

NAME, ADDRESS & TEL. NO. OF ANY PARTICULAR DOCTOR, TO BE CONTACTED IN CASE OF SICKNESS TO THE CHILD.

PHYSICAL ENDURANCE/STAMINA:

VERY STRONG	STRONG	AVERAGE	TENDER	WEAK
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V. FAMILY INFORMATION (Persons authorized to meet/ take child home)			
	Father	Mother	Local Guardian (if any)
First Name			
Middle Name			
Surname			
Aadhar Card No.			
Age			
Academic Qualification			
Occupation			
Organization Name			
Designation			
Income (Per Annum)			
email id			
Contact Address			
House No.			
Street/Area			
City			
State			
Country			
Pin/ Zip Code			
Telephone(Office)			
Mobile (Additional)			
Specimen Signature			
Please sign across the photograph also	Paste Photograph	Paste Photograph	Paste Photograph

NAME AND ADDRESS OF TWO REFERENCES KNOWN TO SCHOOL/ ALUMNI/ SIBLINGS/EXISTING PARENTS : 1:

2.

Name of Signatory:.....

Relationship with child:.....

I certify that the above information provided by me is correct.

Parent's Name : _____

Signature : _____

Date : _____

Sign. of Office Supdt.