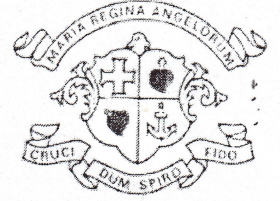




HEALTH AND ACTIVITY CARD

GENERAL INFORMATION



Aadhar Card no. of Student (optional)

NAME

ADMISSION NO DATE OF BIRTH

M F T BLOOD GROUP

MOTHER'S NAME

YOB WEIGHT HEIGHT BLOOD GROUP

AADHAR CARD NO (optional).....

FATHER'S NAME

YOB WEIGHT HEIGHT BLOOD GROUP

AADHAR CARD NO(optional)

FAMILY MONTHLY INCOME

ADDRESS

.....

PHONE NO (M)

CWSN, SPECIFY

SIGNATURE OF PARENTS / GUARDIAN

DATE