

## INFORMATION ABOUT STUDENTS

Name of the student							
A	Aadhar Card No.:						
F	Father's Name & Contact no:						
Mother's Name & contact no:							
Name of family Doctor:							
Does your child suffer from any health problem?							
•••••••••••••••••••••••							
Is he allergic to any medication?							
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No.	Name of the members in family	Age	Relation with the Student	Education	in which School	Prof- fetion	

80/0