

# MAMTA MODERN SR. SEC.SCHOOL, VIKASPURI

Circular No: MMS/2019-20/001

Date: 01-04-2019

Kindly fill the following details in (CAPITAL LETTERS).

Name of the student: .....

Class and Sec: ....., Admn No. ....

Date of Birth: ..... Blood Group:.....

Aadhar Card No.:.....

Residential Address .....

Mother's Name: .....

Mother's Occupation: ..... Mobile No: .....

Email Id:.....

Father's Name: .....

Father's Occupation: ..... Mobile No: .....

Mode of Transport:..... (School Bus No. /Van/Self)

Category: (SC/ST/OBC/EWS/GEN/Staff ward).....

Nationality:..... Religion: .....

Mother Tongue:.....

Special Need:.....(Yes/No)

Name of the sibling studying in the same school:.....

Class and Section (of the sibling):.....

If the child has any medical ailment: Yes  No

If yes, please specify: .....

Emergency Number: 1. .... 2. ....

Person to be contacted in Emergency (in order of priority Mother/Father/Any other).

1. Name: ..... Relation with the child: .....

Contact No: 1..... 2. ....

2. Name: ..... Relation with the child: .....

Contact No.:1. .... 2. ....

3. Name: ..... Relation with the child: .....

Contact No: 1..... 2. ....

4. Name: ..... Relation with the child: .....

Contact No.:1. ....2. ....

### ACKNOWLEDGMENT

I ....., parent of ....., assure you that the above information is true to my knowledge and any change in the above information will be intimated to the school by us at the earliest.

Signature

\_\_\_\_\_

Mother

\_\_\_\_\_

Father