



HEALTH AND ACTIVITY RECORD



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: _____