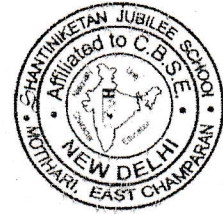


HEALTH AND ACTIVITY CARD



GENERAL INFORMATION

ADHAR NO. OF THE STUDENT _____

NAME : _____

ADMISSION NO. _____ DATE OF BIRTH: _____

MALE/FEMALE _____

MOTHER'S NAME : _____

YOB _____ WEIGHT _____ HEIGHT _____ BLOOD GROUP _____

AADHAR NO. _____

FATHER'S NAME : _____

YOB _____ WEIGHT _____ HEIGHT _____ BLOOD GROUP _____

AADHAR NO. _____

FAMILY MONTHLY INCOME : _____

ADDRESS : _____

PHONE / MOBILE NO : _____

SIGNATURE OF PARENTS/GUARDIAN

DATE