



ADINATH PUBLIC SCHOOL

Jain Nasiyan Road, Sanganeer, Jaipur-302029, Phone : 0141-2732090, 98283-21445

E-mail Address : schooladinath@gmail.com

Student's Information Sheet

Name (in full)..... Sex

Date of Birth Age Place of Birth

Class..... Section Nationality

Father's / Guardian's Full Name

Occupation Designation.....

Name of Business/ Organisation..... Income

Office Address

.....

..... Phone No.....

Residential Address

..... Phone No.....

Mother's Full Name

Occupation (if working) Designation..... Income.....

Office Address

.....

..... Phone No.....

Residential Address

..... Phone No.....

Medical report of the Pull :

Date of Vaccinations :

1. Small Pox 2. Tripple Vaccine.....

3. B.C.G. 4. Polio Vaccine.....

Blood Group

Past illness (if any) :

Age and number of brother/sisters :

Brothers-Elder Younger

Sisters-Elder..... Younger

Name of brother/sister studying in this school :

1. Class Sec.

2. Class Sec.

Any special information/instruction about the child by parent/guardian :

.....

Certified that the above particulars are correct to the best of my knowledge, I acknowledge receipt of rules regarding the payment of fee.

Date :

Signature of Parent/Guardian