



HEALTH AND ACTIVITY CARD



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.* _____

FATHER'S NAME: _____

YOB* _____ WEIGHT* _____ HEIGHT* _____ BLOOD GROUP _____

AADHAR CARD NO.* _____

FAMILY MONTHLY INCOME* _____

ADDRESS _____

PHONE NO. _____ (M): _____

CWSN, SPECIFY _____

SIGNATURE OF PARENTS/ GUARDIAN

DATE:

* Optional information; that need not be shared with CBSE. Data privacy and protection shall be the responsibility of the concerned school.