



## 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 <sup>\*</sup> \_\_\_\_\_ WEIGHT <sup>\*</sup> \_\_\_\_\_ HEIGHT <sup>\*</sup> \_\_\_\_\_ BLOOD GROUP \_\_\_\_\_

AADHAR CARD NO. <sup>\*</sup> \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

YOB <sup>\*</sup> \_\_\_\_\_ WEIGHT <sup>\*</sup> \_\_\_\_\_ HEIGHT <sup>\*</sup> \_\_\_\_\_ BLOOD GROUP \_\_\_\_\_

AADHAR CARD NO. <sup>\*</sup> \_\_\_\_\_

FAMILY MONTHLY INCOME <sup>\*</sup> \_\_\_\_\_

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.