



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:- _____