



SKYWINGS INTERNATIONAL SCHOOL, BHADRA

Data Capture Format - III

(Compulsory As per the New Education Policy of MoE , Govt of India)

Student's Details

Student's Name In English : _____

(As per the Birth Certificate)

In Hindi _____

Aadhar No : _____ Blood Group : _____

Class (In which studying) _____ Section : _____

D.O.B (In figure) MM/DD/YYYY In Words : _____

Email Id : *Student's own email id only* _____ Contact No: _____

Alternate Contact No : _____ Emergency Contact No : _____

In which session and class the ward has been admitted : Session / Class

Previous School's Name : _____

Parent's Details

Father's Name : _____ Mother's Name : _____

Occupation : _____ Occupation : _____

Aadhar No : _____ Aadhar No : _____

:Mandatory Enclouser:

1. Student' Birth Certificate (Xerox)

2 Student's Aadhar Card (Xerox)

3. Father's Aadhar Card (Xerox)

4. Mother's Aadhar Card (Xerox)

Declaration by Father/ Mother

I _____ hereby declare that the above metnioned detail is true and correct and filled on the basis of attached document.

In Hindi

मैं _____ यह घोषणा करता हूं कि मेरे द्वारा भरी गई समस्त सूचनाएं संलग्न दस्तावेजो के अनुसार है।

Parent's Signature
(Father/Mother)