

BISHOP JOHNSON SCHOOL & COLLEGE

UDISE CODE:09454104359

UDISE PROFILE FORM

(Note: All fields are mandatory to be filled by parent)

1. STUDENT NAME:
2. BILL BOOK/ADMISSION NUMBER
3. CLASS SECTION
4. PEN NUMBER [IF ALREADY ALOTTED OTHERWISE WRITE N.A.]
5. RELIGION SOCIAL CATEGORY [GEN / ST / SC / OBC]
6. MINORITY GROUP [MUSLIM/CHRISTIAN/SIKH/BUDDHIST/PARSI JAIN/NA]
7. AADHAAR NUMBER OF STUDENT
8. NAME OF STUDENT AS PER IN AADHAAR CARD
9. BLOOD GROUP OF STUDENT [IF NOT KNOWN KINDLY GET IT TESTED]
10. FATHER'S NAME
11. MOTHER'S NAME
12. FATHER'S CONTACT NUMBER
13. MOTHER'S CONTACT NUMBER
14. EMAIL ID OF PARENT
15. ADDRESS
[Also mention PINCODE]
16. PROFESSION OF FATHER
17. PROFESSION OF MOTHER

I HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

NAME & SIGNATURE _____

**NOTE: KINDLY ATTACH THE AADHAAR CARD PHOTOCOPY OF THE STUDENT
ALONG WITH THIS FORM**