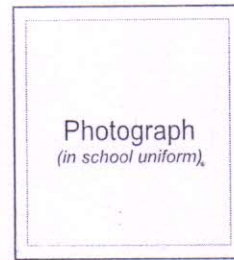


# CONVENT OF JESUS AND MARY DEHRADUN



## General Instructions:

- 1) This registration is compulsory for all the students.
- 2) Please fill the form in **CAPITAL LETTERS**.
- 3) Please furnish correct and clear information.
- 4) Put cross (x) against the field which is not applicable to you.
- 5) Please fill the personal details same as in the admission form.

## STUDENT'S DETAILS

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Class \_\_\_\_\_ Sec \_\_\_\_\_ Gender: Male  Female

Date of Birth DD   MM   YYYY

Date of Admission DD   MM   YYYY

Admission Number

Religion  HINDU  MUSLIM  SIKH  CHRISTIAN  CATHOLIC  JAIN  BUDDHIST OTHERS \_\_\_\_\_

Caste  SC  ST  OBC  GENERAL Nationality \_\_\_\_\_

Sibling Yes/No 1) Sibling's Name \_\_\_\_\_ Class/Sec \_\_\_\_\_ Adm. No \_\_\_\_\_ Gender: M  F   
2) Sibling's Name \_\_\_\_\_ Class/Sec \_\_\_\_\_ Adm. No \_\_\_\_\_ Gender: M  F

Student Mobile No.                      Address \_\_\_\_\_  
(If any)

Student Email ID \_\_\_\_\_  
(If any)

## IN CASE OF EMERGENCY

Contact Person \_\_\_\_\_ Address \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

## FATHER'S DETAILS

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Residential Address: \_\_\_\_\_ Office/Company/Workplace Address: \_\_\_\_\_

Date of Birth: DD   MM   YYYY     Profession: \_\_\_\_\_

Email ID: \_\_\_\_\_ Mobile No.:

Designation: \_\_\_\_\_ Annual Income \_\_\_\_\_

## MOTHER'S DETAILS

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Residential Address: \_\_\_\_\_ Office/Company/Workplace Address: \_\_\_\_\_

Date of Birth: DD   MM   YYYY     Profession: \_\_\_\_\_

Email ID: \_\_\_\_\_ Mobile No.:

Designation: \_\_\_\_\_ Annual Income \_\_\_\_\_

## MEDICAL DETAILS

Blood Group  Height (cm)  Weight (kg)  Eye Sight(R)  Eye Sight(L)

Family Doctor's Name \_\_\_\_\_ Doctor's Address \_\_\_\_\_

Allergy/Medical Description(if any) \_\_\_\_\_

Suffering From Any Chronic Disease (Y/N). If Yes, please give details \_\_\_\_\_

## SMS SERVICE DETAILS

Contact Person Name \_\_\_\_\_ Contact Email \_\_\_\_\_

Contact Person Mobile No.

Note: Mobile number, on which you wish to receive your child's update through SMS

I, the undersigned, agree and give my consent to receive SMS from my ward's school regarding his/her performance/attendance/discipline.

Parent's Signature \_\_\_\_\_