OFFICE OF THE HEADMASTER

LOWER SUBANSIRI DISTRICT

STUDENTS BIO-DATA

Academic Session: ……...

01. Name of the Student(*in full block letters*) :- **Mr./Miss**……

02. Gender(*Male/Female)* :- ……..

03. Fathers' Name(*in full block letters*) :- **Shri/Lt**…….. ……..……..……..…

04. Mothers' Name(*in full block letters*) :- **Mrs/Lt**…….. ……..……

05. Date of Birth*(dd/mm/year)*

In *words*

……

06. (a)Class in which he/she was reading :- ……

(b) Result :- ……

07. Class in which admission is sought :- ……..

08. *If Fail,* Previous Year CBSE/Other Exam Details :- Class : ……Roll No.....,
Year : ……..……Result :- ……..……

09. Details of Equivalent Exam Passed (*According to Class Mark sheet*) – :- …….. if others specify……..…
Roll No:……. Year:……..……
specify……

10. Admission No. & Date :- ..……..……

11. Subjects Offered :- 1.*Lang.-1 English*( ),2.Lang.-2 Hindi –B(085),
Academic subjects 3.Mathematics(041), 4.Science(086),
5. Social Science(087)

Additional subjects (Vocational - Any 1) :- 6. ……
{Information Technology(401)/Introduction to Tourism(406)}

12. Caste(APST/Gen/ST/SC)with detail :- ……..……..……

13. Religion :- ……..

14. Registration No :- ……..*Yr.of Reg:*……..…

-Contd-

16. AADHAAR No., mandatory for all :- | | | | | | | | | | | | |

17. E-Mail Id Address of Student :- ……..……

18. Mobile No.of Student/Guardian *Mandator yfor all* :- | | | | | | | | | | |

19. Disability, Status if any :- ……..…….....

20. Health Status report(***to be certified by a Medical Officer)*** :-

Height :- ……., *Weight* : ..... ,
Blood Group :- ……., *Vision (L) &(R):* ....,
Teeth :- ……., *Oral Hygiene* : ....,

21. Bank Account Details :Account No :- | | | | | | | | | | | |
(Compulsory for Cl.VI - XII)

Bank & Branch : ……..……

IFSC Code : ……..……..……..…

22. Permanent Address :- *Village/Town* :-……..
Post :- ……..
Circle: ……
Police Station :- ……..……..
District :-……..
State:- …… ……*Pin:* ……

Date :- **……** ***Sign.of Student*** ***Sign.of Class Teacher***
Name …… ***Name:*** ……..