

WELSPUN VIDYA MANDIR, SALAV

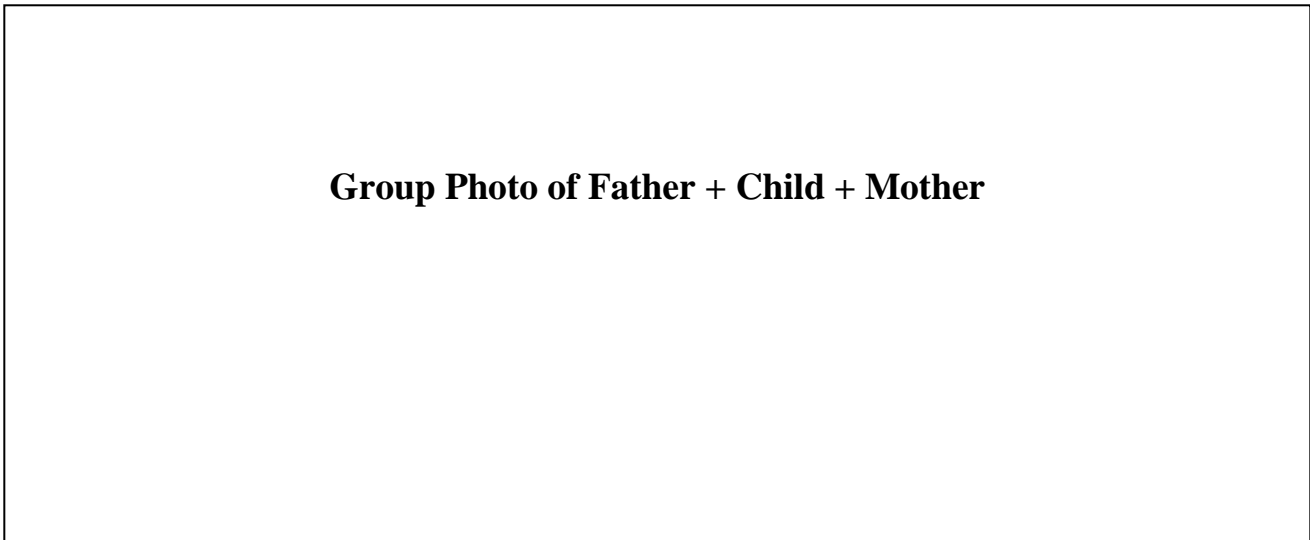
Revdanda P.O-402202
Raigad-District, Maharashtra

Personal Information Form

- 1. Full Name of the Child
- 2. Gender 3. Blood Group
- 4. Birth Date of the Child
- 5. Place of BirthDistrict.....State..... (Attach Certificate)
- 6. Handicap, if any (Attach Certificate)
- 7. No. of Brothers No. of Sisters.....
- 8. Name of FatherEducation.....
- 9. Nature of Occupation Designation.....
- 10. Occupational Address
.....
.....Ph.No.....
- 11. Name of MotherEducation.....
- 11. Nature of OccupationDesignation
- 12. Occupational Address
- 13. Annual Income

Signature of Mother

Signature of Father



Medical Card of the Child

- 01. Age of the Child-----
- 02. Specific Disease (If any)-----
- 03. Operation undergone if any, past history-----
- 04. Allergies, if any-----
- 05. Immunization Details-----

Polio	Yes/No
DPT	Yes/No
Measles	Yes/No
DT	Yes/No
Tetanus	Yes/No
Typhoid	Yes/No
Cholera	Yes/No
BCG	Yes/No
Hepatitis-A	Yes/No
Hepatitis-B	Yes/No
Chicken Pox	Yes/No

Blood Group-----Hb-----%

If any other relevant information-----

