

DECLARATION FORM

Full Name: _____
(Surname) (Name) (Father's Name) (Mother's Name)

Residential Address: _____

Gen. Reg. No. _____ Std: _____ Div: _____

Date of Birth: _____ / _____ / _____ Religion: _____

Caste: _____ Sub-Caste: _____

Languages Spoken: _____

Aadhar Card No: _____

Contact No: _____ (Residence) _____ (Office)

Profession: _____ (Father) _____ (Mother)

Telephone: (Father's Office) _____ / _____

Telephone: (Mother's Office) _____ / _____

Name of the Guardian: _____

I the undersigned hereby declared that I agree to abide by the rules and regulations set by the school.

Date:

Sign. of Father/Guardian

Sign. of Mother