

# DATA FOR COMPUTERISATION OF STUDENT'S RECORD

(Please fill all columns in capital letters and no column should be left blank)

## PART - I

1. Name of student : \_\_\_\_\_
2. Date of Joining \_\_\_\_\_
3. Joining Class \_\_\_\_\_ Section \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Place of Birth \_\_\_\_\_
6. Male/Female \_\_\_\_\_
7. Religion \_\_\_\_\_
8. Category \_\_\_\_\_
9. Native Language \_\_\_\_\_
10. Nationality \_\_\_\_\_
11. Medical Notes (if any) \_\_\_\_\_
12. Identification Marks \_\_\_\_\_
13. Blood Group \_\_\_\_\_
14. House Name \_\_\_\_\_ H/Colour \_\_\_\_\_

Paste  
Student's  
Photograph

## PART-II

1. Local Address :- House/Quarter No. \_\_\_\_\_ Street No. \_\_\_\_\_ Locality \_\_\_\_\_  
City/Village \_\_\_\_\_  
Post Office \_\_\_\_\_ Teh \_\_\_\_\_ Distt \_\_\_\_\_  
State \_\_\_\_\_ Pin No \_\_\_\_\_
2. Permanent Address :- House/Quarter No. \_\_\_\_\_ Street No. \_\_\_\_\_  
Locality \_\_\_\_\_ City/Village \_\_\_\_\_  
Post Office \_\_\_\_\_ Teh \_\_\_\_\_ Distt \_\_\_\_\_  
State \_\_\_\_\_ Pin No \_\_\_\_\_

## PART-III

1. Father's Name \_\_\_\_\_ Religion \_\_\_\_\_
2. Occupation \_\_\_\_\_ Rank/Designation \_\_\_\_\_ Income per month \_\_\_\_\_
3. Office Address \_\_\_\_\_
4. Qualification \_\_\_\_\_ Mobile No. \_\_\_\_\_ Landline No \_\_\_\_\_

Paste  
Father's  
Photograph

## PART-IV

1. Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_
2. Occupation \_\_\_\_\_ Rank/Designation \_\_\_\_\_ Income per month \_\_\_\_\_
3. Office Address \_\_\_\_\_
4. Qualification \_\_\_\_\_ Mobile No. \_\_\_\_\_ Landline No \_\_\_\_\_

Paste  
Mother's  
Photograph

### MEDICAL CERTIFICATE

1. It is certified that Master/Miss \_\_\_\_\_  
Age \_\_\_\_\_ (Years) son/daughter of \_\_\_\_\_  
Address \_\_\_\_\_

is not suffering from any disease or has been in contact with any contagious disease.

2. He/She has been given protective Inoculation/Vaccination as under :-

Protective Inoculation/Vaccination	Date
(a) Small Pox Vaccination	_____
(b) Triple Antigen (upto 5 yrs)	_____
(c) TAB	_____
(s) Tetanus Toxoid	_____

Dated : \_\_\_\_\_

Signature of Medical Officer  
Please affix official rubber stamp  
Dated \_\_\_\_\_

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### EMPLOYMENT CERTIFICATE

1. It is certified that Master/Miss \_\_\_\_\_  
who has applied for admission in class \_\_\_\_\_ in Army Public School, Ferozepur Cantt.  
Date of birth \_\_\_\_\_ is the son/daughter of No. \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ as per service document who is now serving  
in \_\_\_\_\_ (Unit)

2. He is on regular employment \_\_\_\_\_ (Department) and is being  
paid out of Defence Estimates. His pay scale is Rs. \_\_\_\_\_ and his status is equal to  
that of Officer/JCO/OR in the Army.

Verified

Stamp

Head Clerk \_\_\_\_\_

Signature of Commanding Officer/Adm  
Comdt, Station HQ/Head of the Dept.

Please affix official rubber stamp

Dated \_\_\_\_\_

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### Ex-SERVICEMAN CERTIFICATE

1. It is certified that Master/Miss \_\_\_\_\_  
who has applied for admission in class \_\_\_\_\_ in Army Public School, Ferozepur Cantt.  
Date of birth \_\_\_\_\_ is the son/daughter of No. \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ who was released from service on  
Pension / discharge on \_\_\_\_\_ (Date). He is now living at

\_\_\_\_\_ (Address)

2. His total income from all sources is Rs. \_\_\_\_\_ per month approximately

Verified

Head Clerk

Signature of Deputy Director Sainik Welfare Officer/  
Adm Comdt, Station HQ/Head of the Dept.