



Convent of Jesus & Mary

Waverley, Mussoorie, Uttarakhand-248179

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.

Photograph

STUDENT'S DETAILS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Name | | | | | | | | | | | Middle Name | | | | | | | | | | | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Class | | | | | | | | | | | Sec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | DD | | | | | MM | | | | | YYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Admission | DD | | | | | MM | | | | | YYYY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Admission Number | | | | | | | | | | | Aadhaar Card No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion | <input type="checkbox"/> HINDU | | <input type="checkbox"/> MUSLIM | | <input type="checkbox"/> SIKH | | <input type="checkbox"/> CHRISTIAN | | <input type="checkbox"/> CATHOLIC | | <input type="checkbox"/> JAIN | | <input type="checkbox"/> BUDDHIST | | OTHERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caste | <input type="checkbox"/> SC | | <input type="checkbox"/> ST | | <input type="checkbox"/> OBC | | <input type="checkbox"/> GENERAL | | | | | | | | | | | | Nationality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sibling | Yes/No | 1) Sibling's Name | | | | | | | | | | Class/Sec | | | | | | | | | | Adm. No | | | | | | | | | | Gender: M <input type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | | 2) Sibling's Name | | | | | | | | | | Class/Sec | | | | | | | | | | Adm. No | | | | | | | | | | Gender: M <input type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Student Mobile No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address | | | | | | | | | | | | | | | | | | | |
| (If any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IN CASE OF EMERGENCY

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|----------------|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Contact Person | | | | | | | | | | | Address | | | | | | | | | | | | | | | | | | | |
| Relation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FATHER'S DETAILS

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| First Name | | | | | | | | | | | Middle Name | | | | | | | | | | | Last Name | | | | | | | | | | | | | | | | | | |
| Residential Address: | | | | | | | | | | | Office/Company/Workplace Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Aadhaar Card No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | DD | | | | | MM | | | | | YYYY | | | | | | | Profession: | | | | | | | | | | | | | | | | | | | | | | |
| Email ID : | | | | | | | | | | | | | | | | | | | | | Mobile No. : | | | | | | | | | | | | | | | | | | | |
| Designation: | | | | | | | | | | | Annual Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MOTHER'S DETAILS

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| First Name | | | | | | | | | | | Middle Name | | | | | | | | | | | Last Name | | | | | | | | | | | | | | | | | | |
| Residential Address: | | | | | | | | | | | Office/Company/Workplace Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Aadhaar Card No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | DD | | | | | MM | | | | | YYYY | | | | | | | Profession: | | | | | | | | | | | | | | | | | | | | | | |
| Email ID : | | | | | | | | | | | | | | | | | | | | | Mobile No. : | | | | | | | | | | | | | | | | | | | |
| Designation: | | | | | | | | | | | Annual Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDICAL DETAILS

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|---|--|--|-------------|--|--|-------------|--|--|--------------|--|------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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

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|---|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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_____

Name_____