



JVP INTERNATIONAL SCHOOL

Affiliation No. 1730438, Affiliated to CBSE, Delhi | School Code : 16281



Health and Activity Record

20 20 20 20

Name of student _____ Blood Group : _____

ADM. No. _____ DOB ____/____/____ (Gender) M ☐ F ☐ T ☐

Aadhar Card No. of Student (Optional) _____

Mother's Name _____

DOB ____/____/____ Blood Group _____

Aadhar Card No. (Optional) _____

Father's Name _____

DOB ____/____/____ Blood Group _____

Aadhar Card No. (Optional) _____

DO NOT STAPLE

Affix Latest
Passport Size Colour
Photograph
(Candidate)

Family Monthly Income	20	20	20	20

Postal Address:

Phone No. _____ (M): _____

CWSN, Specify _____

(Any Disability- Physical/ Learning Disorder/ Behavior Problem / Deafness / Blindness Etc)

Session	20	20	20	20
Signature (Parent/Gurdian)				
Date				

JVP Campus : Sector-17, Pratap Nagar, Sanganer, Jaipur, Raj.-302033

Email: hr.jvpschool@gmail.com | Web: www.jvpschool.com

Academic Partner : - Bansal Public School, Kota

Contact No.:

80035 60333, 80035 61333

PERSONAL DATA

Personal Details	Yes	No	Personal Details	Details
Immunization Status of Student			Any Current Medication	
Any Physical deficiency or abnormality (if yes please specify)			Any Past Medical History (Specify if any)	

Session	20	20	20	20	Session	20	20	20	20
Height in Inches					Eyes				
Weight In KG					Dental Hygiene				
Blood Pressure					HIP/Waist (CM)				

[illegible]