



BIRLA PUBLIC SCHOOL, PILANI PERSONAL DETAILS FORM

ACADEMIC YEAR: 2016-17

student's photo

NAME OF STUDENT:		
DOB (As per certificate) :	CLASS	ROLL NO:
BLOOD GROUP:		
RELIGION:	MOTHER- TONGUE:	HOUSE:
HOME TOWN:		
SIBLING (Real Brother, if any) AT BPS, Pilani:		
OCCUPATION:		
FATHER'S NAME:		
MOTHER'S NAME:		
POSTAL ADDRESS:		
PHONE NO:	MOBILE NO:	
E-MAIL ID (Parent's) :		
AUTHORIZED GURADIAN'S NAME:		
OCCUPATION:		
POSTAL ADDRESS:		
PHONE NO:	MOBILE NO:	
E-MAIL ID:		

I confirm the accuracy of the information provided.

Father's Signature

Father's Photo

Mother's Signature

Mother's Photo

Authorized Guardian's Signature

Guardian Photo

Note: Please furnish the FUNCTIONAL email ID of PARENTS and Authorized Guardian, wherever applicable.

Only Authorized Guardian, whose name is mentioned in this form, will be permitted to collect his ward.