



The New Green Field Public Academy



HEALTH AND ACTIVITY CARD

GENERAL INFORMATION

Aadhar Card no. of Student: _____

Student's Name: _____

Scholar No: _____ Date of Birth: _____

Male / Female: _____ Blood Group: _____

Mother's Name: _____

DOB: _____ Weight: _____ Height: _____ Blood Group: _____

Aadhar Card No. _____

Father's Name: _____

DOB: _____ Weight: _____ Height: _____ Blood Group: _____

Aadhar Card No. _____

Family Monthly Income: _____

Address: _____

Phone No: _____ Mobile: _____

CWSN Specify _____

Signature of Parents / Guardian

Date: _____

- Optional information: that need not be shared with CBSE. Data privacy and protection shall be the responsibility of the school.