



## ID CARD APPLICATION FORM

Admission No:

Application No:

Academic Year:

Affix Stamp size  
recent colour photo

Name of the Student:

Class & Section:

Date of Birth (DD/MM/YYYY):..... Blood Group : .....

Address : .....

City : ..... State: ..... Pin: ..... Country: .....

Father Name:..... Phone : .....

Mother Name:..... Phone : .....

Guardian Name:..... Phone : .....

Emergency Contact Ph: .....

AUTHORISED VISITORS

Father's Photo

Affix Stamp size  
recent colour photo

Mother's Photo

Affix Stamp size  
recent colour photo

Guardian's Photo

Affix Stamp size  
recent colour photo

Signature of the Principal: .....