

PERSONAL DETAILS FORM

NAME

ROLL NO. HOUSE

DATE OF BIRTH GENDER BLOOD GROUP CLASS

As per birth certificate

PREVIOUS SCHOOL MOTHER-TONGUE FOOD

RELIGION SIBLINGS AT G D GOENKA WORLD SCHOOL HOME TOWN

FATHER NAME FATHER'S OCCUPATION/PROFESSION

EMAIL ID FATHER'S MOBILE NO.

MOTHER NAME MOTHER'S OCCUPATION/PROFESSION

EMAIL ID MOTHER'S MOBILE NO.

CORRESPONDENCE / POSTAL ADDRESS

AUTHORISED GUARDIAN GUARDIAN'S OCCUPATION/PROFESSION

EMAIL ID GUARDIAN'S MOBILE NO.

CORRESPONDENCE / POSTAL ADDRESS MOBILE NO.

NOTE:

- In case of any change in phone no. / email ID / address, please contact the Executive Assistant to the Executive Director (Ms Mrinanda Baruah) at : executiveassistant@gdgoenka.ac.in
- Please furnish the FUNCTIONAL email ID of PARENTS and AUTHORISED GUARDIAN, wherever applicable.
- NO GD GOENKA STAFF MEMBER is allowed to be the Local Guardian.
- Only the Authorised Guardian, whose name is mentioned in this form, will be permitted to collect his / her ward and only after submitting a letter of authorization from the parent concerned.
- In case of an EMERGENCY, prior permission to collect the child must be taken from the DEPUTY HEAD (DHM) Email: dhm@gdgoenka.ac.in | Ph No: 09818108908
- Passport Size Photographs of Parents, Child and Authorised Guardian and all information in this form is mandatory to fill.

I confirm the accuracy of the information provided.

Pupil's Signature

Father's Signature

Mother's Signature

Authorised Guardian's Signature

Paste your recent coloured passport size photograph here