HOLY CHILD GIRLS' HIGH SCHOOL

140, C.I.T Road, Kolkata - 700014

*** PLEASE FILL UP THE FORM IN BLOCK LETTERS ONLY ***

Academic Year: 2026–27 **UDISE Code:** _____

STUDENT INFORMATION REPORT

(STUDENT DATABASE MANAGEMENT SYSTEM - SDMS)

Student Name:					
Class:		**Section:**		**Roll No:**	

GENERAL INFORMATION OF STUDENT

Gender		**Mother Tongue**	
Date of Birth (DD/MM/YYYY)		**Mother's Name**	
Social Category (General/ST/SC/OBC A&B)		**Father's Name**	
Minority Group		**Guardian's Name**	
Height	_____ cm	**Weight**	_____ kg
Whether BPL Beneficiary	☐ Yes ☐ No	**AADHAAR Number of Student**	
Nationality	☐ Indian ☐ Other	**Name of Student as per AADHAAR**	
Blood Group		**Mobile Number** (Student/Parent/Guardian)	
Address		**Alternate Mobile Number**	
		Pincode	

FACILITY & OTHER PROFILE

Approximate Distance of Student's Residence to School	
Completed Highest Education Level of Mother / Father / Legal Guardian	

Signature of Father / Mother / Guardian:

_____

Date: _____

Note: Please attach a Xerox copy of the Aadhaar card of the student, father, and mother.