

# PESTLE WEED



# COLLEGE

Dehradun

## PERSONAL DATA

Name

Passport No.

Visa No.

Expiry Date

Date of Renewal

Religion

Identifying Marks

Food Habits (Please Circle): (1) Vegetarian (2) Eggetarian (3) Non-Vegetarian

Permanent Address

Address for Urgent Communication

Name and address of Two Visitors Authorised to meet and take them out on outings  
(Attested Photographs to be attached)

1.

2.

Local Guardian's Address, if any

Date

Signature of Parent  
(Mother)

Signature of Parent  
(Father)

Language (specify)

Child can understand

Child can speak

Child can read

Child can write

(Note : Indicate Poor / Fair / Good / Excellent)

Has he/she participated in Science Quiz Yes  No   
If yes, give details

Has he/ she participated in Painting Competition Yes  No

If Yes, at what levels: School Level  District Level  National Level

Write in detail if your ward has participated at School/District/National Level in any other activities

### OTHER INTERESTS

Games & Sports :

SPORTS		SPORTS		GAMES	
Athletics	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Football	<input type="checkbox"/>
Sprints	<input type="checkbox"/>	High Horse	<input type="checkbox"/>	Badminton	<input type="checkbox"/>
Middle Dist. Run	<input type="checkbox"/>	Roman Ring	<input type="checkbox"/>	Basketball	<input type="checkbox"/>
Long Dist. Run	<input type="checkbox"/>	Pommel Horse	<input type="checkbox"/>	Cricket	<input type="checkbox"/>
Long Jump	<input type="checkbox"/>	Floor Exercises	<input type="checkbox"/>	Hockey	<input type="checkbox"/>
Hop, Step & Jump	<input type="checkbox"/>	Shooting	<input type="checkbox"/>	Squash	<input type="checkbox"/>
High Jump	<input type="checkbox"/>	Boxing	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
Discus Throw	<input type="checkbox"/>	Horse Riding	<input type="checkbox"/>	Table Tennis	<input type="checkbox"/>
Shot Put	<input type="checkbox"/>	Skating	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>
Javelin Throw	<input type="checkbox"/>	Swimming	<input type="checkbox"/>		

Music

Popular Music  Western  Indian  Classical Music

Western  Indian Vocal  Indian Instrumental

Dance

Indian  Bharatnaryam  Kathak  Other (specify)

Food Habits

Vegetarian  Non-Vegetarian  Eggetarian

Health (if the ward has/had any health problems, please provide details):

Date  Sign. of Father  Sign. of Mother  Sign. of Child