



BIRLA HIGH SCHOOL (JR. SECTION)

ID PROFORMA

PLEASE FILL IN BLOCK LETTERS ONLY

NAME OF THE CANDIDATE: _____

DATE OF BIRTH OF THE CANDIDATE: _____(DD/MM/YYYY)

BLOOD GROUP OF THE CANDIDATE: _____

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____

PIN _____

FATHER' S MOBILE NUMBER: _____

MOTHER MOBILE NUMBER: _____

CLASS: _____

SECTION: _____ (To be filled by the office)

Signature of Parent/Guardian