



Form No. _____

KARNATAKA SIKH WELFARE SOCIETY (Regd.)# 71, 1st Cross, 2nd Main, Kottigepalya, Bengaluru - 560 091
Ph. 9945775663, 9880137156, 9880520833 Email: ksws.com@gmail.com**Sikligar Students**

Name of child _____

Address _____

Photo

Date of Birth _____ Age _____ Male/Female _____ Religion _____

Class _____ School Fee Rs. _____ Per Annum.

School Name _____

School Address _____

Father's Name _____ Profession _____ Annual Income _____

Mother's Name _____ Profession _____ Annual Income _____

Phone/Cell No. _____

Detail of Non School / College going Brothers / Sisters

S.No.	Name	Sex	Age	Qualification	Profession	Monthly Income

Detail of School / College going Brothers / Sisters

S.No.	Name	Sex	Age	Class	School/College Name

Recommended by: _____

Signature

Signature: _____

Relation with child (Father/Mother/Guardian)

Name : _____

The above information given by _____ is correct as per our records.

Signature & Stamp of School

For Office Use

Child Code No. _____ Bio-data processed by _____ Approved by _____