



Form No. _____

NISHKAM SIKH WELFARE COUNCIL (REGD.)

PROJECT OFFICE - "Nishkam Bhawan", B-Block, Tilak Vihar, New Delhi-18

Sikligar Students

Name of child _____

Address _____

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 _____