



# ST.FRANCIS' COLLEGE

SHAHNAJAF ROAD, HAZRATGANJ, LUCKNOW

## E-Care Form

### FOR OFFICE USE ONLY

DD Date:	Admission No.
DD No.:-	Class & Sec.
Installments:-	House:-
Total Amount:-	Date Of Admission:-

### STUDENT'S DETAILS

Student Name (In Block Letter)	
Date Of Birth	
Religion	Caste:- Parish(If Christian )
School Last Attended	
Aadhar Number	Blood Group:-
Nationality	

### SIBLING DETAILS

S.No.	Name	Adm No.	Class & Section
1			
2			

### PARENT'S INFORMATION

	FATHER	MOTHER
Name (In Block Letter)		
Permanent Address		
Occupation		
Designation		
Office Address		
Mobile No.		
E-Mail Id		
Date Of Birth		

### IN CASE OF EMERGENCY

Contact Person -: _____	Mobile Number:- _____
Address:- _____	Relation:- _____

### SMS SERVICE DETAILS

Contact Person Name: _____	Mobile Number: _____
I, the undersigned, agree and give my consent to receive SMS from my ward's school regarding his performance/attendance/discipline.	
Date: _____	Signature: _____