

Emmanuel Mission School

29, Banda Sagar Road, Isainpurva, Deviganj, Fatehpur. U.P.

Declaration by Parents / Guardians

(To be handed over to the Principal)

NAME- _____

CLASS- _____ ROLL NO. _____

DATE OF BIRTH- _____

FATHER'S NAME- _____

FATHER'S OCCUPATION- _____

MOTHER'S NAME- _____

MOTHER'S OCCUPATION- _____

RELIGION- _____ CASTE- _____

ADDRESS- _____

CONTACT NO. - _____

OTHER MOBILE NO.- _____

PARENT'S SIGNATURE: _____