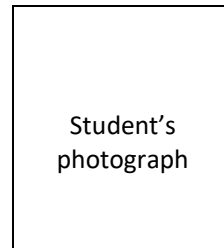
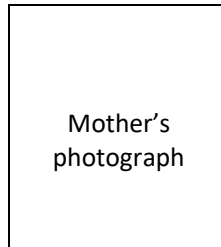
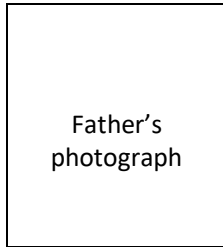


***THE FAIRY GOD MOTHER CHARITABLE TRUST***  
***( Registration Ref: 660/07-08)***

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Name of the student

DOB & age:

Father's Name

Age:

Mother's Name

Age:

Home address

Contact phone numbers if any

Occupation

Father

Mother

Total monthly family income

Student since ( class & year)

Student's Grade last obtained

I confirm that the facts furnished above are as per the school records and to the best of my knowledge.

Signature of the Principal:

Name of the Principal

Station

School Seal and Date

Copies of proof of age, address and income duly certified by school to be attached