Form	No.

ſ

	ISSION	EODM
ADIVI	1331014	FURIN

Date

Tribal University I	reen Tree Academy Road, Makhan , Kanglatongbi , Manipur, India - 795136 Tel : 9089394606 , Fax : 795136 , makhan@gmail.com , Web : greentreemakhan.com	РНОТО
Academic Session: Class:	Section: Stream	
Student's Name		
Gender Date of Birth	Blood Group	House
Enrollment Date	Identification Mark	
Fee Category	Extra School Facility	Optional Subjects
Religion	Caste	
Clan	Contact No.	
Email	Emergency Contact No.	
Aadhaar No.	Mode of Transportation Bus Van Others	
Health Info		
Height (cm) Allergic Substances		
Weight (kg) Medical History		
Permanent Address Address		City
State	Country	Pin Code
Communication Address Same as Permanent A		City
State	Country	Pin Code
Father's Details		
Occupation		
	Email Address	Phone Number
	Email Address	Phone Number
Mothers's Details	Email Address	Phone Number
		Phone Number
Mothers's Details		
Mothers's Details		
Mothers's Details Occupation		
Mothers's Details Occupation	Email Address	
Mothers's Details Occupation Guardian's Details Occupation Occupation	Email Address	Phone Number
Mothers's Details Occupation Guardian's Details	Email Address	Phone Number
Mothers's Details Cocupation Guardian's Details Cocupation Additional Info Name of the Institute/School last attended		Phone Number
Mothers's Details Occupation Guardian's Details Occupation Occupation Additional Info		Phone Number
Mothers's Details Mothers's Details Cccupation Guardian's Details Cccupation Additional Info Name of the Institute/School last attended Details of Examination Passed	Email Address Email Address Email Address Email Address Address of the Institute/School last attended	Phone Number Phone Number Phone Number
Mothers's Details Mothers's Details Cccupation Guardian's Details Cccupation Additional Info Name of the Institute/School last attended Details of Examination Passed	Email Address Email Address Email Address Email Address Address of the Institute/School last attended	Phone Number Phone Number Phone Number
Mothers's Details Occupation Guardian's Details Occupation Occupation Occupation Additional Info Name of the Institute/School last attended Details of Examination Passed Exam Passed	Email Address Email Address Email Address Email Address Email Address Address of the Institute/School last attended Board Year	Phone Number Phone Number Phone Number

Parent Signature

Student Signature