**Family particular and Next of Kin – submitted by student:**

Name of student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date f birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Batch No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of submission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{a} Correspondence address: Vill : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street No \_\_\_\_\_\_\_\_\_\_ Land mark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nearest police station \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Mobile No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E Mail Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Particular: No person other than family be included in this table

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SNo. | Name of person | Age | Relation | Contact No |
| (a) |  |  | Grand father/mother |  |
| (b) |  |  | Father |  |
| (c) |  |  | Mother |  |
| (d) |  |  | Brother |  |
| (e ) |  |  | Sister |  |
| (f) |  |  |  |  |

Contact no and mail id of guardian: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E mail id : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Declaration by student:

1. It is stated that no other than communicate to institute for any issue related to me other than above my family member.
2. E mail id: [helpdesk@simsnd.in](mailto:helpdesk@simsnd.in) shall be used in all communication by my family.
3. No family member shall call any authority requesting/demanding leave except in case any emergency, if arises.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of student:

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_