

S. D. PLANETS

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APPLICATION REGARDING CHANGE OF ADDRESS & CONTACT DETAILS

Please ($$) tick mark the cha	anges required]	DATE:
C	HANGE OFADDRESS		CHANGE OF RESIDENCE TELE.NO.
CH	HANGE OF EMERGENCY/	SMS NO.	CHANGE OF EMAIL ADDRESS
CH	HANGE OF FATHER'S MO	BILE NO.	CHANGE OF FATHER'S OFFICE TEL.NO.
CH	HANGEOFMOTHER'SMOR	BILENO.	CHANGE OF MOTHER'SOFFICE TEL.NO.
STUDENT'S PARTICULARS			
Admission No.:	Class &	Section:	
Student's Name:			
DETAILS OF APPLICATION			
Note: Please use only BLOCK LETTERS.			
CHANGE OF ADDRESS:			
FLAT NO./HOUSE NO.:			
BUILDING'S NAME /SOCIETY'S NAME :			
LANDMARK AREA:			
LANDWARK AREA			
			PIN CODE NO
CHANGE OF CONTACT:			
RESIDENCE TELEPHONE NO	NE NO.:EMERGENCY/SMS.NO		
E-MAIL ADDRESS:			
FATHER'S MOBILE NO	FATHER'S OFFICE TEL.NO.		
MOTHER'S MOBILE NO	NOMOTHER'S OFFICE TEL. NO		
Note: In order to update the address a valid proof (Aadhar card/ Electricity bill/ Gas bill /Property tax bill/ Rental agreement) is mandatory to submit.			
Parent's Sign:	Parent's Sign: Principal's Sign:		
FOR OFFICE USE ONLY			
Received On:	Received On: Receiver		Sign:
Changes made on basis of (Doo	c. type):		