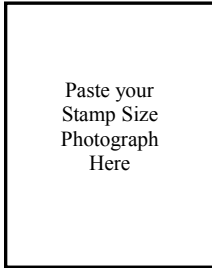


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GITARATTAN INTERNATIONAL BUSINESS SCHOOL

Student Identity Card Form



Name of the Student : _____
(In Capital Letters)

Enrollment No : _____ Course _____ Batch _____

Date of Birth : _____ Blood Group: _____

Identification Mark : _____

Address : _____

Phone : _____ (R) _____, _____ (M)

Father's Name : _____ Phone _____ (O) _____ (M)

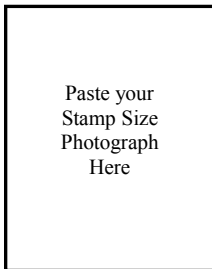
Contact in Case of Emergency, Name & Address _____
_____ Phone _____

Signature of Student **Signature of Administrative Officer** **Signature of Director**

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