

Signature of the Principal:

Glow Montessori Centre, Hosur Road Academic Year 20____ - 20____

Annexure

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(To be used for Change of	f Address/ Name /0	Contact Numbers/M	ail ID/ Any other	contact details)		
This is to inform you about the	e change in contact	details of my child				
tudying in(Class & Section). Kindly make a note of the changed						
	(Name/ Parent	Name/ Mobile Num	ber/ Residence Ad	dress/ Residence		
Phone Number/ Mail ID) and	,					
	update your record	.s.				
Name of the Student						
Name of the Parent	FAT	<u>THER</u>	MO	<u>OTHER</u>		
Changed information(*) (To be written in capital letters) with proper titles						
Any other Specification / Details						
* Please provide the photoco	opy of the necessa	ry document(s) as	proof.			
 For change of address - For change of parent nan For change in student nan 	ne - Aadhar Card me - Notarized A	! / Passport.	ertisement.	ent/ BSNL Bill.		
All Information provided abov	e is true and factua	l and validated with	evidence.			
Father's Name:		Mother's N	Mother's Name:			
Father's Signature		Mother's Signature:				
Father's Contact Details:		Mother's Contact Details:				
	••••	••••	•••••			
	For O	ffice Use Only				
Required proof(s) attached : (Yes / No) :			Signature:			
Database Updated: (Yes/No): Name of the Teacher In-charge:						
Database Updated on: Signature of the Teacher In-charge:				·ge:		