

STUDENT - TEACHER GUARDIAN SCHEME

Class – 1st To 4th BAMS - 2018-2019

Name of the Student: - _____

Roll No:- _____

Teacher Name: - _____

Address:- _____

Mobile No - Student:- _____

Mobile No – Parent:- _____

E-mail:- _____

Specimen Copy

[Signature]

I/c Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kailashwadi, Aurangabad.

Teacher Guardian

HOD

Academic Incharge

Principal