



DALY COLLEGE, INDORE

REGISTRATION FORM

(fill in **CAPITAL LETTERS**)

Recent
passport
size colour
photograph of
child

I request that my son/daughter/ward, whose particulars are given below, be registered for Admission to Daly College as Boarder / Day Student for, the term commencing April, _____

1. CHILD'S DETAILS (Attach copy of Birth Certificate):

First Name

Middle Name

Last Name

Admission to Class

Date of Birth (DD/MM/YYYY)

Place of Birth

Age as on April
1, (Year Applied)

Gender(M/F)

Religion

GEN/SC/ST/
OBC/BPL

Nationality

Mother Tongue

2. RESIDENCE ADDRESS (Attach Proof):

House No. , Block

Street, Colony/Locality

City/State

Pin Code

Residence Telephone No.

3. MOTHER'S DETAILS (Annual Income required as per the rules of CBSE, New Delhi):

Title (Mrs. / Ms. /Dr.)

Mother's Name

Mother's Mobile Number

Mother's Email Id

Mother's Qualifications

Mother's School Name

Mother's Profession

Mother's Organization

Mother's Designation

Mother's Office Telephone

Mother's Office Address

Mother's Income (Per Annum)

4. FATHER'S DETAILS (Annual Income required as per the rules of CBSE, New Delhi):

Title (Mr. / Dr.)

Father's Name

Father's Mobile Number

Father's Email Id

Father's Qualifications

Father's School Name

Father's Profession

Father's Organization

Father's Designation

Father's Office Telephone

Father's Office Address

Father's Income (Per Annum)

5. STATUS OF PARENTS (Please Tick):

 Married Separated Divorced Widowed

6. IS EITHER PARENT RESIDING/EARNING ABROAD (YES/NO):

7. COMMUNICATION FROM THE COLLEGE IS TO BE SENT TO (Please Tick):

 Mother Father Either Both

8. COMMUNICATION ADDRESS AND EMERGENCY CONTACT DETAILS (Please Tick):

 Residence Address Mother's Office Address Father's Office Address

9. CORRESPONDENCE ADDRESS, IF OTHER THAN RESIDENTIAL ADDRESS, GIVEN:

House No. , Block

Street, Colony/Locality

City/State

Pin Code

Email and Telephone No.

10. DETAILS OF THE PERSON (OTHER THAN THE PARENTS) TO BE CONTACTED IN CASE OF EMERGENCY:

Emergency Contact Name

Emergency Contact Relation

Emergency Contact Telephone

11. OTHER DETAILS:

A. CHILD'S PRESENT SCHOOL (If Applicable):

Present School

Present Class

Present School Address

12. LEGAL GUARDIAN'S DETAILS: (If Applicable):

Title (Mr. / Dr.)

Name

Relation with the Child

Mobile Number

Email Id

Qualifications

Profession

Organization

Designation

Residence Address

Office Telephone

Office Address

13. SPECIAL NEEDS (Attach Certificate from Competent Authority):

PLEASE PROVIDE THE FOLLOWING RELEVANT INFORMATION TO HELP US ASSIST YOUR CHILD.

Has your child ever been recommended for, or evaluated, in or out of school for possible learning or behavioural problems? (Yes/ No)

Does your child has Special Needs? (Yes/ No)

Is there any illness or allergy that the school needs to know about? If yes, please provide details.

14. SIBLING DETAILS:

A. CHILD'S SIBLING DETAILS IF HE/SHE IS/WAS A STUDENT OF DALY COLLEGE.

NAME	RELATIONSHIP	CLASS	FROM	TO	SCHOLAR NO

B. DETAILS OF GENERATION STUDYING CONTINUOUSLY AT DALY COLLEGE:

NAME	RELATIONSHIP	LAST CLASS ATTENDED	FROM	TO

15. IS EITHER OF THE PARENTS WORKING WITH DALY COLLEGE? IF YES:

Name

Post

Department

**16. HAVE YOU APPLIED FOR YOUR CHILD'S ADMISSION TO DALY COLLEGE BEFORE?
IF YES, PLEASE GIVE DETAILS BELOW:**

Class

Session

Registration Number

IMPORTANT INSTRUCTIONS

Choice of Centre for Common Aptitude Analysis (Class IV & above):

Centre once allotted will not normally be changed. A centre may be cancelled at short notice if sufficient number of candidates are not appearing from there.

NAME OF CENTRES

Ahmedabad, Ajmer, Chandigarh, Dehradun, Gantok, Gwalior, Indore, Jaipur, Jammu, Kolkata, Lucknow, Mumbai, Noida, Pilani, Raipur, Shillong.

Address for correspondence must be written clearly. Any changes in this must be intimated to the Principal. All information regarding the Entrance Test will be sent to the latest address registered with us. Last date for Registrations will be October 1st of the preceding year.

DECLARATION

I certify that the information given overleaf is correct. Should any of it be found incorrect, I agree to accept any decision of the College Authorities arising thereof including cancellation of admission or removal of my ward from the College.

I have read the College Prospectus and request the Principal for my ward to be registered for admission to the Daly College. I note that the acceptance of the Registration Form will not involve the College in any obligation to admit my son / daughter / ward. I undertake to abide by all the College rules and regulations for admission as in force from time to time. I accept that the admission can be accepted or rejected by the College Authorities at their sole discretion and is not open to any dispute. I understand that the registration of my child does not guarantee admission to the College and Registration Fee is neither transferable nor refundable.

I have attached a copy of the child's Birth Certificate and understand that no request for change in the Date of Birth at a future date will be entertained. Subsequently if it is found that the said certificate attached is false, it will lead to cancellation of admission.

Registration Fee: 15,000/-

Signature of Father / Legal Guardian

Full Name _____

Date _____

Signature of Mother

Full Name _____

Date _____

TO BE FILLED IN BY COLLEGE OFFICE AT THE TIME OF REGISTRATION.

FOR OFFICE RECORD ONLY

Documents Attached:

- | | |
|---|---|
| <input type="radio"/> Birth Certificate | <input type="radio"/> Certificates in case of child with Special Needs |
| <input type="radio"/> Proof of Brother/ Sister studying in school | <input type="radio"/> Proof of Residence |
| <input type="radio"/> Proof of Alumni | <input type="radio"/> Child's photo with both parents/legal guardian |
| <input type="radio"/> Child's passport size photo | <input type="radio"/> Parent/Legal Guardian's highest qualification certificate |

Registration No _____

1. Registration for Class _____ for Year _____ in Category of Day Student /
Boarder.

Received Registration fee vide Receipt No _____ Date _____

2. Admission Granted / Not Granted: _____

Principal
Daly College