



The Daly College Indore

Established 1882

REGISTRATION FORM

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

Name in full (in capitals) :

Date of Birth :

Place of Birth :
(Please Attach a Copy of Birth Certificate)

Admission to Class :

Year :

Mother Tongue :

Nationality :

Father's Name :

Mother's Name :

Father's Educational Qualifications :

Profession :

Designation :

Mother's Educational Qualifications :

Profession:

Designation :

Is either Parent Residing / Earning Abroad : (Yes / No)

Parents Annual Income. :
(Required as per the rules of CBSE, New Delhi)

Full Address :

.....

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Phone No. : Mobile No. :

Fax No. :

Email :

Name and Address of Local Guardian :

(If any)

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Phone No. :

Fax No. :

Email :

Is / was any relation of the child studying in Daly College? If so give details as specified below:

Name	Relationship	Class	From	To

School last attended:

Name of the School & Place	Class Attend	Subject	Medium

Choice of center for entrance test :

(Class III & below must be Indore)

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

NAME OF CENTRES

Ahmedabad, Ajmer, Chandigarh, Dehradun, Gwalior, Guwahati, Indore, Jaipur, Lucknow, Mumbai, New Delhi, Ranci, Raipur, Abu Dhabi, Bangkok, Dubai, Dhaka, Hongkong, Kualalampur, Lagos, Muscat, Singapore. Other Indian missions on request.

IMPORTANT INSTRUCTIONS

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 Registration will be October 1st of the preceding year. The Entrance Test will normally be held on the last Saturday of November every 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 there from including cancellation of admission or expulsion of my ward from the College.

I have read the College Prospectus and request the Principal that my ward be registered to take the Entrance Test for admission to The Daly College, I note that the acceptance of the registration form and fee will not involve the College in any obligation to admit my son/daughter/ward and that the registration fee is not refundable or transferable. 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 desecration and is not open to any dispute.

* **Registration Fees** **Rs. 10000/-**

Date :

Signature of Parent/Guardian

N.B. : This form should be filled in by the parent, if alive, otherwise by the Guardian.

A true copy of the Municipal Birth Certificate should be enclosed at the time of registration the form will not be accepted without the Birth Certificate.

**TO BE FILLED IN BY COLLEGE OFFICE AT THE TIME OF REGISTRATION
FOR SCHOOL OFFICE RECORD ONLY**

Registration No. :

1. Registered for Class.....for year.....in Category Boarder/Day Student.
2. Received Registration fee vide Receipt No.....Date.....

PRINCIPAL