



REGISTRATION FORM DARSHAN ACADEMY

Reg. No.....

PRADHANPAT, MAHULPALI, SUNDARGARH, ODISHA
Tel.: 9861415865, 9437082523, 06622-273915
www.darshanacademy.org

*Affix
Passport
Size
Photo*

**The Principal
Darshan Academy**

Dear Sir/Madam,

Registration No. DA/.....

I want to get my ward.....

admitted to your School. Kindly register his/her name for Class..... Session.....

I understand that registration for admission does not, in any way, mean the right of admission of my ward to the proposed class.

I have gone through the PROSPECTUS thoroughly and it is agreed upon that in case my ward is found fit for admission after interaction, test and interview etc. I shall

- obey all the rules of the Academy.
- deposit all fees and dues with in the stipulated period as revised from time to time.
- personally see that he/she attends the school regularly and punctually in the prescribed uniform, maintains perfect discipline in the school and follows all the instructions issued by the School from time to time.
- enjoin upon him/her to take part in all the curricular and co-curricular activities including the school excursions and tours etc., compulsorily and shall not tender any excuses for seeking exemption from them.
- attend all the Parent-Staff Meets conducted by the school from time to time.
- accept the decision of the Principal with regard to school discipline as final and binding.

Signature of the student

Signature of Parent/Guardian

Full Name (Parent/Guardian).....

ACKNOWLEDGEMENT

Received Registration Form of

Reg. No..... for Class.....

Receptionist

REGISTRATION FORM

Please type or write in Capital Letters

INFORMATION REGARDING THE CHILD

Class to which admission is sought Year

Name of the Candidate

Gender Female Male

Date of Birth (as per Municipal Record/T.C.) Date Month Year

Father's Name

Mother's Name

Residential Address

School last attended / currently studying

Class last passed / currently studying

INFORMATION REGARDING FAMILY MEMBERS

Father's Occupation (*if business specify*)

Designation and Department (*if in service*)

Office Address

Mother's Occupation

Designation and Department (*if in service*)

Office Address

Guardian's Name (*If other than Father*)

Guardian's Address

Guardian's Occupation

Office Address

Gross Annual Income (of parents/guardian)

Name and Class of Sister/Brother/Cousin studying at the Academy.

Name	Class	Name	Class
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

Name and Class of Sister/Brother/Cousin passed out from the Academy.

Name	Class	Year of Passing out
1) _____	_____	_____
2) _____	_____	_____

Telephone number (s) Father (O) _____ (R) _____ Mobile _____
 Father (O) _____ (R) _____ Mobile _____
 Guardian (O) _____ (R) _____ Mobile _____

SUBMISSION OF FORM : This form is to be deposited in the school along with two latest photographs and registration fee.

IMPORTANT DATES

Date of Interaction/Test: _____
 Date of Interview : _____ Time _____
 \Date of Result : _____
 Last date of fee deposit :