



# REGISTRATION FORM DARSHAN ACADEMY

Reg. No.....

JAYADEV VIHAR, LANE-1, BHUBANESWAR, ORISA - 751013  
Phone : 0874-2361182 / 09437082523  
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.
- enjoy 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 :