Tel	:	25	43	95	6
					-

	DAM MOD SECTOR-15A, CH (Affiliated to C.B.S. ADMISSION FOR SESSION : 2	HANDIGARH .E., New Delhi) RM (HOSTEL)	Photo				
1.	Name (IN BLOCK LETTERS) :						
2.	Class						
3.	Father's Name :						
4.	Father's Phone No :						
5.	Local Guardian's Name :						
6.	Address :						
7.	Telephone No(s) :						
8.	E-mail ID :						
Nam	e of visitor approved by parent :		:				
1.	Address of visitor						
	Phone No						
	Signature	Photo	Photo				
R			an a				
1. 1	Address of visitor						
	Phone No						
	Signature	Photo	Photo				

DECLARATION BY STUDENT

I have received a copy of information brochure and have carefully and thoroughly gone through all the terms and conditions made therein and in this form. I also affirm and undertake to abide by all the terms and conditions and future instructions issued by the school authorities.

I declare that I will not claim for refund of fee against the norms.

I also declare that all the statements made in this admission form and the bio-data filled in the application form are true to the best of my knowledge.

DECLARATION

Signature of Father/Guardian

Full Signature of the Applicant

Sector Stus

Made

Date of Application : _____

Admitted to :

Principal

11.14

Date :

Note : Fees once paid to the institute will not be refunded or transferred under any circumstances. In case the student wishes to leave the hostel within one month of admission, in that case only 50% fee will be refunded.