



DELTA ACADEMY

Led by Volunteers, Guided by the Purpose

Address: C/o Global College of Law, "Naaglok", Kushaliya, PO Dasna, Ghaziabad NCR. Phone: 0120- 2807326

REGISTRATION FORM

Application for - _____ Session: _____

(Please fill in the form in CAPITAL Letters only.)

Name of the Candidate: _____

Date of Birth: _____ Category: _____ Gender: _____

Father's Name: _____

Mother's Name: _____

Father's Occupation: _____ Mother's Occupation (if Any): _____

Permanent Address: _____

LandMark _____ Village/Dist. _____ Tehsil _____ State _____ PIN _____

Telephone/Mobile No.: _____ Secondary Phone No.: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact No.: _____

Academic Particulars:

Examination Pass	School/ College	Board/ University	Year of Passing	Subjects	Percentage/ CGPA

Have you appeared for any competitive Exam(s) of this level (Y/N) : _____

If Yes, then details of the competition exam(s) last appeared: _____

Result: _____

UNDERTAKING

I solemnly affirm that the particulars given above are true and no information has been deliberately concealed. I have read the rules and regulations of the College and promise to abide by them. I shall not indulge in any act of indiscipline or any activity subversive to law and order. In case of any breach of undertaking I shall render myself liable to punishment including rustication and expulsion

Date: _____

Place: _____

Signature of Candidate

ACKNOWLEDGEMENT

Detail of Fee Paid: _____ Fee Paid in Cash Rs. _____ vide Receipt No. _____

Book No. _____ Dated _____

D.D. No. _____ Dated _____ for Rs. _____ payable through _____ bank in favour of Delta Academy, Payable at Ghaziabad.

He/She has been allotted Class of _____ Session _____ for the year _____

Date: _____

Auth. Signatory

Paste Your
Passport
Photo
here