20 - 20

FORM NO. .....
To be filled in BLOCK letters

FOR OFFICE USE ONLY
Receipt No.....
Unique Code.....
Signature.....

DELHI COLLAGE OF ART

Regd. with Govt. of N.C.T. of Delhi

S-31, II FLOOR, PARAM PURI CHOWK, UTTAM NAGAR, NEW DELHI-110059,
PH. 011-41448041, 9818513100, 011-46026841
e-mail: delhicollageofart@gmail.com, Website: www.delhicollageofart.com

Affix passport size photograph

ADMISSION FORM

To,
Managing Director,
Delhi Collage of Art,

I want to take admission in your Institute. I have read the rules & regulations of the Institute given in the prospectus & promise to abide by them. My particulars are given below:

Name of Applicant _____

Date of Birth __ __ / __ __ / __ __ __ __ **Male** ☐ **Female** ☐ **Nationality** _____

Permanent Address _____

_____ **Pin** _____

Local Address _____

_____ **Pin** _____

Mobile No. _____ **STD Code** _____ **Tel. No.** _____

Educational Qualification _____

E-mail ID _____

Particulars	Father	Mother
Name	.....	.....
Occupation	.....	.....
Residential Address	.....	.....
Official Address	.....	.....
Phone No.	(R).....(O).....	(R).....(O).....
Signature	.....	.....

I hereby declare that all the information have been given in this form by me are true.

Yours faithfully

Attach the copy of:-

1. Proof of above mentioned educational qualification
2. Date of Birth Proof
3. Residence Proof

SIGNATURE OF APPLICANT

DATE.....

NOTE: If any information furnished by the candidates is found to be incorrect, his/her admission is liable to be cancelled.

FOR OFFICE USE ONLY

Form No.....Unique Code.....Batch.....
Name.....
Address.....
.....Signature of Receiver

Affix passport size photograph

DELHI COLLAGE OF ART

(THIS SLIP IS VALID TILL PREPARATION OF IDENTITY CARD)