



DELTA PHYSICAL DEFENCE ACADEMY

A SMALL UNIT OF DOGRA EDUCATIONAL LEAD TRUST ACADEMY

H.O. : Village, Majhetal, P O Bhangrotu, Teh-Balh, Distt-Mandi, (H.P.)

B.O. : Main Road Kamaksha Temple, Near Govt. College Karsog, Distt. Mandi H.P.

B.O. : V.P.O. Sangalwara, Tehsil Thunag Distt. Mandi (H.P.)-175047

ADMISSION FORM

From No..... Date..... File No.....

For Office Use Only

Application for Course.....
 Facility (Depart).....Semester
 Name of Counselor.....Dt.....

Photograph
 Passport
 Size

1. Candidate Name (In Block Letters)

2. Father's Name (In Block Letters)

3. Mother's Name (In Block Letters)

4. Date of Birth (In Figures) 5. Sex : Male Female

5. Permanent Address..... Contact No.

6. Correspondence Address if any Contact No.....

7. Religion Caste.....

8. Category (As per Govt. HP) GEN SC ST OBC

9. Belong to : Rural Area Urban Area

10. Person with Disability : YES/No BLOOD GROUP

11. Personal : IRDP BPL EWS

12. DETAILS OF PARENTS

Father Occupation.....Mother Occupation.....

Tel with STD Code.....Tel with STD Code.....

Annual Income Rs.....Annual Income Rs.....

12. Candidate Qualification Detail

Examination Passed	Year	Board's Roll No.	Result	Marks Obtained	M.M. Marks	% age	Subject Studied	Institution / School Name

The information given above is correct to the best my knowledge & if found wrong my admission may be cancelled & dues paid by me be forfeited. Fee once paid is not refundable/transferable.
 My ward/candidate will be participating in honestly if found in disciplined Academy may take disciplinary action against such kind of Ward/candidates.
 My ward will be participating in all kinds of activities and competition at his/her own risk. I will not claim any compensation for his/her injury during any activities. Management will not be responsible for any injury or loss of life

Candidate Singnature.....

Parents Signature

D.A. Signature

Auth. Signatory