**ADMISSION FORM**

Submit 4 nos. passport size photos

**DON BOSCO TECHINICAL SHOOOL**

**14th Mile, Echhey, Kalimpong- 734317, Kalimpong Dt. (W.B)**

**Ph. 9732529950/7602284401**

**FILL IN THIS FORM USING CAPITAL LETTER ONLY**

1. Name as it should be on your certificate…………………………………………………………………………………….
2. Course/Trade…………………………………………… Date of Admission (Off. Use………………………………………………..
3. Candidate’s Surname and Name: ………………………………………………………………………………………………………….
4. Candidates Present Postal Address………………………………………………………………………………………………………..
5. Contact Person: ……………………………………………………………………..Contact No. …………………………………………….
6. Date of Birth: Day …………. Month …………….. Year ………………………. Place …………………………(submit Doc.)
7. Category: Bl Blood Group……..Mother Tongue …………

ST

SC

OBC

Gen

SARE

ST

1. Religion: ………………………….. Nationality……………………………….
2. Father’s Name ……………………………………… Nationality ………………………………………… Occupation ……………………
3. Mother’s Name ……………………………………… Nationality ………………………………………… Occupation ……………………
4. Permanent Address of Parents: ……………………………………………… Contact No. …………………………………
5. School Last Attended: ……………………………………………………………………………………………………………………..

Subjects

Exam Appear

Name of the School/ College

Year

Failed

Passed

(Certificates have to be produced with Xerox copies at the time of admission)

1. **To be filled in by Catholics**: Parish ………………………………………… Parish Priest’s Name ……………………………………

1

Contact No. ……………………………………… Date of Baptism: ………………………………………. Diocese: ……………………

**Declaration by Parents/Guardian and the Candidate** : We certify that the above mentioned information are true to the best of our Knowledge, and Understanding that withholding information requested in this form or given false information may take the candidate ineligible for admission to Don Bosco or subject to dismissal. We have read and understood the Rules and Regulation of this institute and we undertake to abide by the same. The Candidate is not suffering from any sickness that can hinder his/her training and has good health. If during the training nay casualties occur due to the careless of the candidates or other the institution will not be held responsible.

Name of the Parent/Guardians …………………………………..Relationship with the Candidate …………………………