



DALY COLLEGE OF BUSINESS MANAGEMENT

Approved by Higher Education Govt. of (M.P) Affiliated with DAVV Indore

ADMISSION ENQUIRY FORM

DATE: ___/___/___

ENQUIRY NO. : _____

NAME OF THE STUDENT: Mr./ Ms. _____

ADMISSION SOUGHT FOR: BBA FIRST YEAR/ BBA SECOND YEAR

DATE OF BIRTH: _____ CONTACT NUMBER: _____

EMAIL ID: : _____

ADDRESS: _____

SCHOOL: _____

BOARD: MP BOARD/ CBSE/ OTHER (_____)

STREAM: SCIENCE/ COMMERCE/ HUMANITIES/ OTHER (_____)

PASSING YEAR: _____ PERCENTAGE/ CGPA: _____

BACKGROUND INFORMATION

PARTICULAR	NAME	OCCUPATION	CONTACT	EMAIL ID
FATHER				
MOTHER				
SIBLING				

HOW DID YOU GET TO KNOW ABOUT BBA PROGRAM AT DCBM:

NEWSPAPER/ WEBSITE/ SOCIAL MEDIA/ FRIENDS/ FAMILY/ EMAIL/ ANY OTHER (_____)

REFERENCE (IF ANY): _____

FOR OFFICE USE

REMARKS: _____

COUNCELLOR'S NAME: _____ SIGNATURE: _____