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REGISTRATION FORM FOR BBA 2023

FOR OFFICE USE: Reg No Date I request that my ward, who Business Management for t	ose details are given below, be registered for adı he term 2023-24	Passport size photograph of the student mission to Daly College of
PERSONAL DETAILS:		
Student's Name	Mobile:	
Email:		
Date of Birth:		
Gender:		
Blood Group:		
Father's Name:	Mobile:	
Mother's Name:	Mobile:	
Family Annual Income:		
FAMILY BACKGROUND:		
Father's Occupation:		
Mother's Occupation		

Address:						
		F	Pin:	State:		
Religion						
Category: Gei	neral S	SC ST	OBC			
Certification N	No. (If OBC/SO	C/ST):				
EDUCATION A	AL QUALIFIC	ATIONS:				
Name of Exam	Year	School	Board	Marks Obtained	CGPA / %	Remark
10 th						
11 th						
12 th						
Charles Va India	/ Habbia	_			,	
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			log and regulation			- fumniah od
		of my knowledge	les and regulation and belief.	S OI DCDM. III	e imormation	Turmsnec
Student's Sig	nature				Parent's	Signature
				1		
		Registration	1 Fee: Rs.3000/-			
DCBM BANK	DETAILS:					
Account Name	e: DALY COLLE	GE OF BUSINESS M	IANAGEMENT			
Bank Name: I(CICI Bank	Branch Name: IC	ICI Bank, Malav Paris	sar, AB road, Ind	ore	
IFSC: ICIC0000041 Account No. : 004101051684						
NEFT/ RTGS R	Receipt No. of	Amount of Registr	ation			

Note: Kindly send a scanned copy of the registration form on E-mail: - $\underline{admissions@dcbm.edu.in}$