This Application Form is also available on our website: www.dlp.allen.ac.in



Corporate Office

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APPLICATION FORM NTSE STAGE-II TEST SERIES

(ENGLISH Medium Only)
Academic Session 2020-21

Test Center Name :			_ FORM No.	
Student Name :				
Father's Name :			(For Office use only)	
Mother's Name :				
Mother's Name :				
Date of Birth :			Affix here a Recent	
Gender (Tick) : Male Female			Passport Size	
		7 - FILE	Color photograph. Please do not staple.	
Category (Tick) : GEN SC ST EX PH	OBC SOBC	EWS		
Postal Address :				
Ci	City		DEMAND DRAFT DETAILS	
State : Pi	: Pin Code		No.:	
			red :	
Contact No. : (STD Code)(Phone N	t No. : (STD Code)(Phone No.)		nk:	
Mobile No.(s) : (1)	(2)			
E-mail Address : (For important updates)		Am	ount (in Rs.) :	
Annual CCD/DLD Children of ALLEN division accession 2020 21.2				
Are you CCP/DLP Student of ALLEN during session 2020-21? If yes, please complete the following information		Am	ount (in Words) :	
CCP DLP ALLEN Form No).			
*CCP/DLP Students of Sess	FEE STRUCTURE			
Course Name	T T		Payable (Inclusive GST)	
NTSE STAGE-II TEST SERIES	4171	500/-		
NTSE 2021 Stage-I Roll No.:		NTSE 2021 Stage-II Roll No.:		
IMPORTANT: Attach zerox copy of your NTSE 2021 S	stage - I Admit Card with this f	orm. Failing which your form	may not be processed.	
	DECLARATION			
 thereby declare, that I have read the instructions of Test Series and I agree to abide by the Rules & Regulations as amended by institute time to time. that I am seeking admission in my own interest and accord. that all information furnished by me in Application Form etc. is correct. I understand that in the event of any information found to be incorrect of false, my admission may be cancelled without any refund of fee. that I will be responsible for my rustication on behalf of my misconduct / misbehave at test center. 			FORM No.	
			7. 25	
			(For Office use only)	
5. that I will submit the photocopy of NTSE 2021 Stage - I & II Admit Card at Te. 6. that in case of my selection in NTSE Exam, the institute reserves the right to				
7. that I give my consent to send my ward for DLP test series at DLP offline test				
Date: / / Place:		Signature of Parent/Guardian	Signature of Candidate	