From: (Name & Ad	ldress of Father/Mother)				
		ICSE - 2022 EXAMINATION			
Address :		Class: X, Section:			
		Reg. No.:			
		Roll No.:			
To,					
The Principal,					
Don Bosco School, Berhampore, Murshidabad, WB - 742102.					
por e, r - u - o					
Dear Rev. Principal, This is to request you to send up my son's name for the ICSE Examination of March 2022. His name may be withdrawn from this examination if he does not duly qualify for it at the final selection examination to be conducted in the School.					
			CANDIDATE'S NAME :		
(in BLOCK letters as given in Class-9 ICSE Registration)					
DATE OF BIRTH :					
AADHAAR ID :					
FATHER'S NAME :					
MOTHER'S NAME :					
PAYMENT RECEIPT					
NAME OF THE CAN	DIDATE				
CLASS					
SECTION					
ROLL NO.					
REGISTRATION NO).				
AMOUNT					
DATE					
SIGNATURE					
ı					
EXAMINATION REGISTRATION FEES ₹ 4,500.00					
					

N.B.: KINDLY SUBMIT THE FORM AND PAY THE FEES ON 28TH SEPTEMBER 2021 AT THE SCHOOL OFFICE BETWEEN 10 AM TO 12 NOON.

Signature of Parent/Guardian