From: (Name & Address of Father/Mother)
Name:
Address:
Mobile :_____

ICSE - 2027 EXAMINATION

Class: X, Section: _____

Reg. No.: _____

Roll No.: _____

*Dated :*_____

To
The Principal,
Don Bosco School,
Berhampore, Murshidabad, WB - 742102.

Dear Rev. Principal,

This is to request you to send up my child's name for the ICSE Examination of March 2027. His/her name may be withdrawn from this examination if he/she does not duly qualify for it at the final selection examination to be conducted in the school.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: _____

Subjects : (Please Tick what is applicable)

	SUBJECTS	ABVR	CODE	Tick the subjects offered
(a)	English (English Language, English Literature)	ENG	01	
(b)	Bengali (2nd Language)	BEN	03	
(c)	Hindi (2nd Language)	HIN	05	
(d)	History/Civics/Geography	HCG	50	
(e)	Mathematics	MAT	51	
(f)	Science (Physics, Chemistry, Biology)	SCI	52	
(g)	Computer Application	CTA	86	
(h)	Commercial Application	CAS	88	

EXAMINATION REGISTRATION FEES ₹ 4,350.00

Signature of Parent/Guardian

KINDLY PAY THE FEES IN SBI COLLECT BETWEEN 19 AUG 2026 TO 23 AUG 2026 & RETURN THE PART BELOW TO CLASS TEACHER ON 24 AUG 2026.

PAYMENT RECEIPT

NAME OF CANDIDATE	
CLASS	
SECTION	
ROLL NO	
REGISTRATION NO	
AMOUNT	
DATE	
PARENT'S SIGNATURE	