

Seema Sirohi Memorial Inter College

Admission Application Form - Academic Year 2025-26

1. Student Details

Full Name of Student: _____

Date of Birth (DD/MM/YYYY): _____

Gender: Male / Female / Other

Nationality: _____

Aadhar Card Number (if available): _____

2. Class for Which Admission is Sought

Applying for Class: _____

Previous School (if any): _____

Last Class Attended: _____

3. Parent / Guardian Information

Father's Details:

Name: _____

Occupation: _____

Mobile Number: _____

Email ID: _____

Mother's Details:

Name: _____

Occupation: _____

Mobile Number: _____

Email ID: _____

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Guardian (if applicable):

Name: _____

Relation with Student: _____

Contact Number: _____

4. Address Details

Residential Address: _____

City: _____ State: _____

Pin Code: _____

5. Emergency Contact Details

Name: _____

Relationship with Student: _____

Mobile Number: _____

6. Required Documents (Attach Copies)

- Birth Certificate
- Passport Size Photographs (2)
- Previous School Report Card (if applicable)
- Address Proof (Aadhar Card/Voter ID/Passport)
- Transfer Certificate (if applicable)

7. Declaration

I/we hereby declare that the information provided above is true and correct to the best of my/our

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knowledge. I/we understand that any false information may result in the cancellation of admission.

I/we agree to abide by the rules and regulations of Seema Sirohi Memorial Inter College.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Signature of Guardian (if applicable): _____ Date: _____