 SHREE KANIRAM GIRLS COLLEGE

Affix Latest Photograph with Signature

**RAWATSAR (HANUMANGARH)**

# ADMISSION FORM

**(Session 2025-26)**

**Class Applied for** ……………………………………………………………………………………………

1. Name of the Student (In Block Letters)

(In English) ……………………………………………………………………………………….. (In Hindi) ………………………………………………………………………………………..

|  |
| --- |
| FOR USE OF ADMISSION COMMITTEE |
| Percentage of qualifying exam |  |
| Category SC/ST/OBC/PH/EWS/MBC//AO |  |
| Provisionally Admitted/ Not Admitted |  |

1. Father's Name

(In English) ……………………………………………………………………………………….. (In Hindi) ………………………………………………………………………………………..

1. Mother's Name

(In English) ……………………………………………………………………………………….. (In Hindi) ………………………………………………………………………………………..

1. Permanent Postal Address ……………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………Ph. No. If any ……………………………………....

1. Temporary Postal Address ……………………………………………………………………………………………………..…….

………………………………………………………………………………………. Ph. No. If any ………….…………………………..

1. Date of Birth ………………………………E mail Blood Group ……
2. Sex: Male  Female Transgender 
3. Category: General  S.C.  S.T. OBC MBC  PH EWS  Any Other 
4. If employed, please mention the employer's name and address ………………………………………………….

……………………………………………………………………………………………………………………………………………………..

1. Educational Qualifications

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Examination | Name of the Board/University | Name of the Institution | Year in whichPassed | Max. Marks | Marks Obtained | Division | Percentage |
| Secondary |  |  |  |  |  |  |  |
| Sr. Sec. |  |  |  |  |  |  |  |
| Graduation |  |  |  |  |  |  |  |
| P.G. |  |  |  |  |  |  |  |
| Any Other |  |  |  |  |  |  |  |

1. Are you interested in participating in National Service Scheme (NSS) Yes  No 
2. Are you interested in using the College Bus Service Yes  No 

Date: …………………………………. **Signature of the Candidate**

# DECLARATION BY THE STUDENT

I hereby declare that

1. I have read the admission rules and agree to abide by them.
2. I have not been held guilty of any offence nor am I on bail.
3. There is no criminal charge pending against me in any court.
4. I have not been punished for any act of indiscipline.
5. To the best of my knowledge, all the information furnished in this application form is correct. If any information is found incorrect, my admission is liable to be cancelled.
6. I shall attend the classes as per time table and will abide by the rules of requirement of minimum attendance of the University. Not fulfilling the prescribed attendance, I shall be disallowed to appear in Examination.

# Date: Signature of the Candidate

**DECLARATION BY FATHER *I* HUSBAND *I* GUARDIAN OF THE STUDENT**

I Father *I* Husband *I* Guardian of

Mr. *I* Ms solemnly affirm that the details given in the admission forms are

correct. If any information mentioned is found incorrect, the admission is liable to be cancelled. I take the responsibility of the discipline, behaviour and financial liability of my ward.

I further declare that my annual income is Rs ........................(in words Rs ) and

1. I am an Income Tax Payee  (ii) I am not an Income Tax payee 

**Signature attested (with seal) Signature of Father/Husband/Guardian**

**ENCLOSURES**

List of Documents attached herewith:

1. Marks Sheet of the Qualifying Examination (Attested Copy) 
2. Marks Sheet and Certificate of Secondary Examination (Attested Copy) 
3. Transfer Certificate and Character Certificate (T.C. & C.C.)(Original copy) 
4. Certificate of SC *I* ST *I* OBC *I* EWS issued by the competent authority (Attested Copy) 
5. Certificate of disability (PH) issued by the competent authority (Attested Copy) 
6. Migration Certificate (Original copy) 
7. Income Certificate (Original copy), if not declared above. 
8. Any other ......................................................................................................................... 

(Candidates are required to keep all the original documents with them for verification at the time of counseling)

Mr. *I* Miss *I* Mrs. ...............................................................................................................................................................

is provisionally admitted in Programme ………………………………… in the Department of………………………………

**Head of the Department Admission ln-charge**