



Indira Memorial Sr. Secondary School

AFFILIATED TO C.B.S.E. New Delhi

99, Ashok Vihar Kaurara Road Sirsaganj, Firozabad (U.P.) Ph. : +91 5676 293800

ADMISSION FORM



Passport size
Photograph of the
student

Sr. No. _____

Class in which admission is sought for : _____ Session _____

1. a) Name of the Child in full (in Capital Letters) : _____

b) Sex : Male Female

2. Date of Birth Day Month Year

(In words.....)

Age of the student as on 31st March Year Month Day

3. Blood Group of the child.....

4. Do you belong to Gen./SC/ST/OBC/EWS/Disabled/S.G. Child/ attach certificate

Gen. Cat. SC ST OBC EWS Disabled SG Child

5. Details of Parents :

Particulars	Mother	Father
(i) Name (in Capital Letters)		
(ii) Nationality & Occupation		
(iii) Name of Office & full address with contact		
(iv) Full Residential address with contact		
(v) Permanent Address		
(vi) Annual Income in (₹)		

6. Name & Address of Local guardian (if any) : _____

7. Name & Address of the School last attended with class : _____

8. Whether last school was CBSE affiliated : _____

9. If, the last school was not affiliated with CBSE, specify name of the Board.....

10. (a) Result of last Examination : _____ (b) Percentage.....

11. Subject proposed to offer : 1. _____ 2. _____

3. _____ 4. _____ 5. _____

12. Whether the transfer certificate is attached YES/No : _____ Date of T.C.

13. Mother tongue : _____ Home Town : _____

DECLARATION BY PARENTS

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of Vidyalaya.

Date :

Signature of Parents

FOR THE OFFICE USE ONLY

1. Certified that I have checked the application form and the relevant papers are found in order.

2. Please admit to Class.....Section.....after checking the relevant papers and realise the dues.

Date :

PRINCIPAL