



Shaheed Memorial Vidya Kendra

Affiliated to C.B.S.E., New Delhi

Main Road, Sihani, Ghaziabad-201003 | Contact No. : 9910668761, 8076752037

Session : 20____ - 20____

Admission No. :

Stamp
Size
Photo

APPLICATION FORM FOR ADMISSION

(Note : Form should be fill in Capital Letters)

1. Name of Student _____
2. Date of Birth _____ (Please attach birth cetificate - Xerox)
3. Father's Name _____
4. Mother's Name _____
5. Occupation : Father _____ Mother _____
6. Educational qualification : Father _____ Mother _____
7. Address :- Residential _____
Office _____
8. Mobile/Ph. No. :- Residential _____ Office _____
9. Email : _____
10. Name and address of Guardian _____

11. Nationality _____ Caste _____ Religion _____

12. Record of Previous School

School's Name & Address	Year	Class	Result & Percentage

Documents Enclosed : 1) Aadhar Card
2) Birth Certificate

3) Transfer Certificate
4) Marksheet

Admitted to Class _____

Date : _____

Signature of Parent's/Guardian's

Fee deposited is not refundable.