



Shah Satnam Ji Girls’ College, Sirsa (Haryana)

(Affiliated to Chaudhary Devi Lal University, Sirsa)

Managed by: Shah Satnam Ji Research & Development Foundation, Sirsa

ADMISSION FORM (Provisional) Session 2025-26

Class: _____ University Roll No.: _____

Name: _____ Admission Number _____ -

Father’s Name: _____ Mother’s Name: _____

DOB: _____ Category: _____

Disabled/Handicapped: _____ Religion: _____

Caste: _____ Father’s Occupation: _____

Father’s Annual Income: _____ Permanent Address: _____

_____ State: _____

E-mail: _____ Family Id.: _____

Student Mobile No.: _____ Parent’s Mobile No: _____

Aadhar Card No. _____ If you want to take Van Facility Yes/No

If Yes then , Stoppage/Village _____

Distinction in Academic/NCC/NSS/Sports/Cultural /Women Cell (Yes /No): _____

ONLY FOR SCHOLARSHIP STUDENTS

Name of the Bank: _____ Branch: _____

A/C. No.: _____ IFSC Code: _____

Note: Copy of the Aadhar Seeded document must be attached herewith.

PREVIOUS ACADEMIC RECORD

Exam	School/ College	Year	Roll No.	Board/ University	Result	Max. Marks	Obtained Marks	Percentage
10 th								
12 th								
UG –I Sem								
UG –II Sem								
UG –III Sem								
UG –IV Sem								
UG –V Sem								
UG-VI Sem								
PG-I Sem								
PG-II Sem								
Any Other								

Subjects of the Class: 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

REGISTER YOURSELF FOR OTHER SHORT COURSES (MENTION HERE)

FOUNDATION	ADD ON	VALUE ADDED
JOB-ORIENTED	ENTREPRENEURSHIP	

DECLARATION BY THE CANDIDATE

I _____ D/S/of Shri _____ declare that I am applying for admission with the consent of my Parents/ Guardians and that the particulars given above are correct. I agree to abide by the rules and regulations laid down by the DHE, Haryana/ University/College for the Course.

Place: _____

Date: _____

Signature of the Applicant

UNDERTAKING PLEDGE BY THE PARENTS /GUARDIAN

1. In case my ward is admitted, I _____ do agree to be responsible for the prompt payment of the college fee and all other dues and indemnity to the government and the college in respect of all losses or expenses resulting from delay and failure to make any such payment or as the particulars given above providing incorrect at a later stage.
2. I shall be responsible for good conduct of my ward and also undertake that my ward will not take part in any activity which will not be in the interest of the college.
3. I am aware of the conditions for appearing in university examination that my ward has to qualify as per university norms.

Place: _____

Date: _____

Signature of the Parent/ Guardian

FOR OFFICE USE ONLY

ELIGIBILITY CHECKED BY

ADMISSION COMMITTEE

Member: _____

Convener: _____

FEE DETAILS

Amount Received: _____

Receipt No.: _____

Date: _____

Fee Clerk: _____

PRINCIPAL