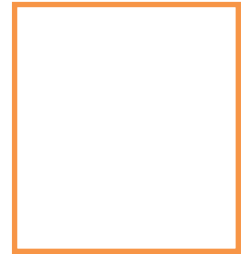




Admission Form 2024-25

(Please fill in block letters)



First Name: _____ Second Name: _____ Family Name: _____

Father's/Husband's Name: _____

Date of Birth: _____ Marital Status: _____ Gender: _____ Male / Female _____

CNIC No: _____ Personal Phone No: _____ Email: _____

Parents / Guardian's Phone No: _____ Nationality: _____

Permanent Residential Address _____

_____ Blood Group: _____

Mailing Address (If different): _____

Medical Disclosure any chronic / Communicable disease / disability _____
(Write the diagnoses)

Qualification

Matriculation _____ Grade: _____ Year of Passing: _____

School _____

Intermediate: _____ Grade: _____ Year of Passing: _____

College _____

Any Additional skills training _____

Documents required:

Attested copies of:

- Two Academic Ref
- Matriculation certificate and transcript
- Intermediate certificate and transcript
- CNIC / B.Form
- CNIC Parent/ Guardian
- CNIC of witnesses
- Two passport size photographs with name on backside.
- Medical fitness certificate

Under taking

I _____ S/o.D/o.W/o _____ do hereby undertake on solemn affirmation that to the best of my knowledge and belief all information provided above is true and I undertake that I will not involve in any political, religious decimation, immoral and violent activities and will abide by policies and rules of institute as announced from time to time, in case of violation of any of above mentioned, institute has right to cancel my admission at any time during period of course. I will be responsible to take care of equipment/fixed and moveable property of premises and in case of any damage incurred by me I will be responsible.

Signature of Applicant

Witness (1):

Name, Signature: _____

CNIC No: _____ Contact No: _____

Address: _____

Witness (2):

Name, Signature: _____

CNIC No: _____ Contact No: _____

Address: _____

For Office Use only: _____

Registration No:

Remarks:

