

Registration No. \_\_\_\_\_



*Forever Learning, Through Knowledge and Hard work*

## ADMISSION FORM

**USE CAPITAL WORDS ONLY**

Full Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Domicile: \_\_\_\_\_

Religion: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact No: \_\_\_\_\_

Email: \_\_\_\_\_

Challan No: \_\_\_\_\_

Dated: \_\_\_\_\_

Paste your  
recent passport  
size photograph

Application Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_