



FC PUBLIC SCHOOLS & COLLEGES SYSTEM

PHOTO

ADMISSION FORM

Campus _____ Applied for Class _____ Session _____ Date _____

Student's Name

Father's Name

CNIC #

Mother's Name

CNIC #

Religion _____ Nationality _____ Place of Birth _____

Date of Birth - - In Words _____

Gender: Boy Girl Any Physical/ Non-Physical Deformity YES NO
(if yes attach report)

Address _____

Phone Res./ Office _____ Mobile (i) _____ (ii) _____

Occupation Father/ Guardian's _____ Department / Organization _____

Rank _____ Monthly Income _____

Previous School _____ Reason for leaving last school _____

Detail of Siblings: (In case of more than 03 attach list)

Name	Age	Class	Institution

Details of Last Class Result:

Class	Obt Marks	Total Marks	Percentage %	Institution / Board

Hobbies: _____ Games: _____

Any other distinction: _____

Admission Reference: - _____ Signature of Parent / Guardian _____

Advertisement TV Ad Newspaper Banner Ad Hand Bill

Any Other / Contact Person: _____

For Office Use

Documents Copies Attached: -

Father's CNIC Birth Certificate Local Certificate Form "B"

School Leaving Certificate (Original) Photographs (2 Nos) Admission Date

Admission in Class Section Fee Status

Admission Clerk _____ Admission Granted Denied Principal _____