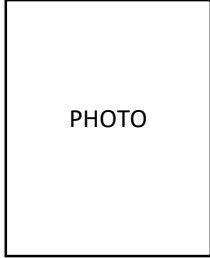




FC PUBLIC-SCHOOLS & COLLEGES SYSTEM

Form No _____



ADMISSION FORM

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 (if yes attach report) YES NO

Address _____

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

Father/ Guardian's Occupation _____ Department / Organization _____

Rank _____ Monthly Income _____

Previous School _____ Reason for leaving last school _____

Detail of Siblings: -

Name	Age	Class	Institution

Signature of Parent / Guardian _____

Admission Reference: -Advertisement TV Ad Newspaper Banner Ad Hand Bill

Any Other / Contact Person: _____

	For Office Use	
Documents Attached: -		
Father's CNIC Copy <input type="checkbox"/>	Copy of Birth Certificate <input type="checkbox"/>	Photographs (2 Nos) <input type="checkbox"/>
School Leaving Certificate (Original) <input type="checkbox"/>	Computerized Form "B" <input type="checkbox"/>	
Admission in Class <input style="width: 100px;" type="text"/>	Section <input style="width: 100px;" type="text"/>	Admission Date <input style="width: 100px;" type="text"/>
Fee status <input style="width: 100px;" type="text"/>		Principal