

# Shaheen Childrens Academy & College of Sciences



(Boys) Mitha Khel Karak  
Contact: 0331-0000732 / 03310000739



## Admission Form

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

Father Name & CNIC: \_\_\_\_\_

Mother Name & CNIC: \_\_\_\_\_

Date of Birth (In Figures): \_\_\_\_\_

Date of Birth (In Words): \_\_\_\_\_

Gender: \_\_\_\_\_ Father/Guardian Occupation: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relation With Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ WhatsApp No.: \_\_\_\_\_

Previous School: \_\_\_\_\_ SLC No: \_\_\_\_\_

Class of Admission: \_\_\_\_\_

Nationality / Caste: \_\_\_\_\_

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

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

Remarks (If Any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AFFIDAVIT

I Solemnly declare that the above declaration are true to the best of my knowledge. My ward will abide by the rules and regularations of the school. I further declare that I will clear his/her dues well in time and act upon the decisions of the institution regarding my ward.

Student's Signature \_\_\_\_\_ Father's/Guardian's Signature \_\_\_\_\_

### For Office Use Only

Admission No: \_\_\_\_\_

Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Class of Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

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

Dealing Clerk: \_\_\_\_\_ Principal: \_\_\_\_\_