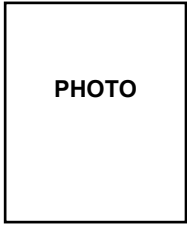


Shaheen College of Sciences - Defence Campus



Defence Area, Bannu Road Kohat

92330-8889060



Admission Form

Student Name: _____

Father Name: _____

Father CNIC: _____

Date of Birth (In Figures): _____

Date of Birth (In Words): _____

Gender: _____ Parent Email: _____

Session: _____ Adm Withdrawal No.: _____

Phone: _____ Mobile: _____

Previous School: _____ Family: _____

Class of Admission: _____ Present Class _____

Nationality: _____ Religion _____

Permanent Address: _____

Present Address: _____

Registration Date: _____

AFFIDAVIT

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

Father's/Guardian's Signature _____

For Office Use Only

Admission No: _____

Name: _____ Father Name: _____

Class of Admission: _____ Date of Admission: _____

Address: _____

Dealing Clerk: _____

Principal: _____