

ADMISSION FORM

Admission No:

Date of Admission:

Student's Name:

Student's CNIC:

Father's Name:

Course Enrolled:

Date of Birth

Gender: **MALE / FEMALE**

Contact No:

Email Address:

Qualification:

Address:

I Mr. / Mrs. _____

confirm that the above information provided by me is correct and to the best of my knowledge and belief. I am also ready to follow up all the rules and regulations of the institute.

Date: ____/____/____

Signature: _____