

ISLAMIC GIRLS PUBLIC SCHOOL & COLLEGE

(A Project of "IGI" Education Network) G.T ROAD PARACHINAR DISTRICT KURRAM KP PAKISTAN

ADMISSION FORM

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(FOR OFFICE USE ONLY)							
Form #:	AFFIX PASSPORT SIZE PHOTO OF THE						
Admission #:	STUDENT						
Admission Date: \(\bigcup_{\cappa\cappa_{\cappa_{\cappa_{\cappa\cappa_{\cappa_{\cappa_{\cappa_{\cappa\cappa_{\cappa_{\cappa_{\cappa_{\cappa_{\cappa_{\cappa\cappa\cappa\cappa_{\cappa\cappa_{\cappa\cappa\cappa\cappa\cappa_{\cappa\cappa\cappa\cappa\cappa\cappa\cappa\cappa\cappa\cappa\cappa\cappa							
Admission sought for class: Section: Academic Year:							
STUDENT PROFILE (Please read carefully & fill the application form in CAPITAL letters)							
NAME:							
B I B I - K H	A T O O N						
DATE OF BIRHT:/ GENDER:MALEFEMALE BLOOD GROUP:							
CONTACT #: STUDENT NIC #:							
EMAIL ADDRESS:	RELIGION:						
NATIONALITY:	PROVINCE:DISTRIC	CT:					
CASTE:	ADDRES:						
LAST SCHOOL ATTENDED:							
PARENT PROFILE (Please read carefully & fill the application form in CAPITAL letters)							
FATHER NAME:	/ IGPS /						
M U H A M M A	D - A L I						
FATHER CNIC #: OCCUPATION:							
CONTACT #: EMAIL ADDRESS:							
FATHERS' STATUS: ALIVE DEAD MARTYRED							
MOTHER NAME:							
B A T O O L -	B I B I						
MOTHER CNIC:	OCCUPATION:						
CONTACT #:							
GUARDIAN PROFILE (Please	e read carefully & fill the application form in CAPITAL letters)					
GUARDIAN NAME:							
M U H A M A	D - A L I						
GUARDIAN CNIC #:	OCCUPATION:						
CONTACT #: EMAIL ADDRESS:							



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SIBLINGS' PROFILE

Name			Admission	# Class	Section	
1						
2						
3						
4						
5						
I S/D/odo hereby solemnly confirm that,	p land	ERTAKING holding	CNIC/ Form B #		,	
1- All personal and academic informa2- I have understood all the rules, reg3- I am aware and agree that all police not violate such policies and regular	ulations, and procies and regulation	cedures of the IGPS &	& C.	, and that I	will	
Signature of Parents/Guardian		Si	gnature of Student	· · · · · · · · · · · · · · · · · · ·		
Islai	PAR PU	ACHINAR Ablic School	College			
	<u>J</u>	<i>\$</i>	J-			
	AKNO	WLEDGEMT				
NAME OF STUDENT:		FATHER NAME:				
CLASS APPLIED FOR:		DATE:				
FORM RECIVED BY:	SIGNATURE:					