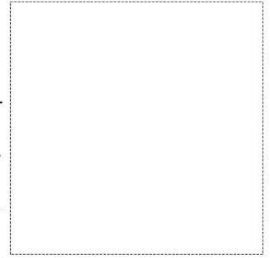


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SMB QUAID-E-AZAM PUBLIC SCHOOL

Education City, Darsano Channo, Malir, Karachi.

QAPS HOSTEL ADMISSION FORM

Name: _____
Father's Name: _____
Guardian if other than father _____ Occupation _____
Date of Birth _____ In words _____
Nationality _____ Mother Tongue _____
Permanent Address: _____



Present Address: _____

Name and Address of two references who know the family and could be referred to in cases of emergency.

(i) Name: _____ Ph/Cell No. _____
Address: _____
(ii) Name: _____ Ph/Cell No. _____
Address: _____

Is the applicant suffering from any chronic diseases (Please mention)

Signature of Student

Signature of Father/Guardian
Telephone No. _____
Cell: _____

Principal & Project Director