

ENTER TO LEARN GO FORTH TO SERVE  
SMB QAUID-E-AZAM PUBLIC SCHOOL

Education City, Darsano Channo, Malir, Karachi.

ADMISSION FORM

Class: \_\_\_\_\_ Group: \_\_\_\_\_ GR No. \_\_\_\_\_

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

Father's/Guardian's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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

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

Phone Office: \_\_\_\_\_ Residence: \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

This to certify that the information given above is correct and I promise to abide by the rules and regulations of this School.

.....  
Date: \_\_\_\_\_ Father's/Guardian's Signature \_\_\_\_\_

FOR OFFICE USE ONLY:

Admission granted/rejected in class \_\_\_\_\_ Section: \_\_\_\_\_ Group: \_\_\_\_\_

GR. No: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Fee Received Rs. \_\_\_\_\_ Signature of Account Assistant: \_\_\_\_\_

Recommended by Section \_\_\_\_\_

\_\_\_\_\_  
Principal & Project Director