



APPLICATION FORM
CADET COLLEGE SKARDU

Class 8th- Session 2020

3 x recent photographs attested (3 x from back and one x from front by the Headmaster/Principal)

A TO BE FILLED BY THE CANDIDATE IN HIS OWN HANDWRITING IN BLOCK LETTERS

1. Name of Candidate (IN BLOCK CAPITALS).....
2. Name of Father/ Guardian (IN BLOCK CAPITALS).....
3. Father's/ Guardian's **CNIC** #.....
4. Occupation of Father/ Guardian.....
5. Father/ Guardian's Annual Income.....
6. Religion
7. Postal Address.....
.....
8. Phone/ Cell #.....WhatsApp #.....
9. Permanent Address.....
.....
10. E-mail Address.....
11. Province/District of Domicile (Attach Photo Copy of Domicile Certificate).....
12. The School in which Candidate is presently attending.....
13. Copy of **form "B"** issued by **NADRA** (Attach).
14. Choice of Centre.....
(Skardu, Gilgit, Rawalpindi, Sialkot, Lahore, Karachi)
15. Deposit Slip attached in favour of **Cadet College Skardu, AC # 16917900058403, Habib Bank Limited, Gamba Branch, Skardu**

(Signature of Father/Guardian)

(Signature of the Candidate)

B TO BE FILLED IN BY THE HEADMASTER / PRINCIPAL OF THE SCHOOL IN WHICH THE CANDIDATE IS PRESENTLY STUDYING.

1. Class in which the candidate is studying.....
2. Medium of instruction in the school.....
3. Date of birth of the candidate in the school record: (Figures)
(in words)
4. Age on **01- 04- 2020** Year Months Days
5. Remarks by Head of Institution, Headmaster/ Principal.....
.....

Date

Signature of the Principal/Headmaster with stamp

Note:- (1) INCOMPLETE APPLICATION FORMS ARE LIABLE TO BE REJECTED. OVERWRITING OR ERASING THE DATE OF BIRTH WILL NOT BE ACCEPTABLE.

(2) PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE SUBMITTING THE APPLICATION FORM.

INSTRUCTIONS

1. The instructions given in the Prospectus must be read carefully before applying for admission. Application Form complete in all respects must be accompanied by the following:
 - a Photocopy of **Domicile**, Photocopy of **form B** and **six latest passport size photographs** of the candidate duly **attested** by the **Headmaster/ Principal with stamp**.
 - b Undertaking signed by the **candidate** and countersigned by the **Parent/ Guardian**.
 - c Address Slips duly completed.
 - d Deposit Slip on account of Registration Fee.
2. Application form be sent by registered post, addressed to the, **Cadet College Skardu** or be **submitted by hand**.
3. **Incomplete Application Form**. The application forms of those who are **overage/ underage** and application forms unaccompanied by any of the documents listed above shall not be entertained and the registration fee will not be refunded.
4. **Eligibility**
 - a Applicant must have **passed class 7th** on the date of admission to the College.
 - b Should be between **12-14 year** of age on **1st April in the exam year**.
 - c Should be **medically fit** to under go **studies / Physical activities** at Cadet College Skardu.
5. This application form must be accompanied by **Deposit Slip** in favor of **Cadet College Skardu, AC # 16917900058403, Habib Bank Limited, Gamba Branch, Skardu**.

UNDERTAKING

1. My **son/ward** will abide by **rules, regulations** and **practices** being followed in the College and will not indulge in activities of disruptive nature. I authorize the management of the Cadet College to expel my **son/ ward** from the College, if he violates the rules in vogue. In case the cadet leaves the College campus without any **Information/ Permission** of the concerned authorities, it will be treated as violation of College security measures and disciplinary rules, leading to **expulsion** of my **son/ward** and will not **challenge** it in any **Court of Law**.
2. I undertake to accept the results of the **Written Entrance Examination** and the interview without any **reservation**. I shall not question these results in any manner and shall not indulge in any correspondence about them neither I shall challenge it in any court of law.

(Signature of Parent/ Guardian)

(Signature of the Candidate)

Date:.....

Date:.....

ADDRESS SLIPS

Please fill in the slips for future correspondence. These slips must be attached to the admission form.

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

ADDRESS SLIPS

Please fill in the slips for future correspondence. These slips must be attached to the admission form.

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

REGISTERED

Name of Candidate _____

S/O _____

Address _____

Telephone No _____

BANK COPY



CADET COLLEGE SKARDU

HABIB BANK LIMITED GAMBA BRANCH

ACCOUNT #: 16917900058403

Roll No. _____ Dated ___/___/_____

Name of Candidate: _____

Father's Name: _____

Fee: Registration Fee Class 8th (2020)

Total Amount: Rs. 2000/- (Rupees Two thousand only)

Depositor's Name: _____

Depositor's Sig: _____

Cell #: _____

Received by: _____ Date: _____

Name: _____

Signature: _____

FOR BANK USE ONLY

Bank Receiver Signature and Stamp

COLLEGE COPY



CADET COLLEGE SKARDU

HABIB BANK LIMITED GAMBA BRANCH

ACCOUNT #: 16917900058403

Roll No. _____ Dated ___/___/_____

Name of Candidate: _____

Father's Name: _____

Fee: Registration Fee Class 8th (2020)

Total Amount: Rs. 2000/- (Rupees Two thousand only)

Depositor's Name: _____

Depositor's Sig: _____

Cell #: _____

Received by: _____ Date: _____

Name: _____

Signature: _____

FOR BANK USE ONLY

Bank Receiver Signature and Stamp

STUDENT COPY



CADET COLLEGE SKARDU

HABIB BANK LIMITED GAMBA BRANCH

ACCOUNT #: 16917900058403

Roll No. _____ Dated ___/___/_____

Name of Candidate: _____

Father's Name: _____

Fee: Registration Fee Class 8th (2020)

Total Amount: Rs. 2000/- (Rupees Two thousand only)

Depositor's Sig: _____

Cell #: _____

Received by: _____ Date: _____

Name: _____

Signature: _____

FOR BANK USE ONLY

Bank Receiver Signature and Stamp