



APPLICATION FORM
CADET COLLEGE SKARDU
CLASS 9TH - SESSION 2023

4 x recent passport size
 photographs with **blue**
background, duly attested
 (3 x from back and 1 x on
 front) by the Headmaster /
 Principal

NOTES:-

- A. TO BE FILLED IN HANDWRITING (BLOCK / CAPITAL LETTERS).**
B. FORMS WITH INCOMPLETE INFORMATION AND/OR OVERWRITING OR ERASING OF THE DATE OF BIRTH, ARE LIABLE TO BE REJECTED.
C. PLEASE READ THE INSTRUCTIONS (PROVIDED OVERLEAF) CAREFULLY BEFORE SUBMITTING THE APPLICATION FORM.

1. Name of Candidate (in full): _____
2. Name of Father: _____
3. Father's CNIC #: _____
4. Father (Alive: Yes / No): _____
5. Guardian's Name (**ONLY, if father Not Alive**): _____
6. Guardian's CNIC # (**ONLY, if father Not Alive**): _____
7. Father's Monthly Income (Guardian's incase Father is deceased): _____
8. Mother's Occupation and Monthly Income (if any): _____
9. Religion: _____
10. District of Domicile: _____
11. Postal Address: _____
12. Permanent (Father's CNIC) Address: _____
13. Cell Phone # 1: _____
14. Cell Phone # 2: _____
15. Cell Phone # (WhatsApp): _____
16. e-mail Address: _____
17. Name of Current School: _____
18. Exam Centre Skardu.
19. Documents attached are:-
 - a. Bank Deposit Slip in favour of **Cadet College Skardu, Acct No. 16917900058403, Habib Bank Limited, Gamba Branch, Skardu.**
 - b. Attested photocopies of **Domicile, Form B** (NADRA issued), Father's / Guardian's **CNIC** and 4 x recent passport size **Photographs** with blue background.

CERTIFICATE

Information provided is true to the best of our knowledge.

My son / ward will abide by all the rules, regulations and practices being followed in the College and will not indulge in activities of disruptive nature. I authorise the management of the Cadet College to expel my son / ward from the College, if he violates the rules in vogue.

I hereby 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 shall I challenge it in any court of law.

(Signature of Father / Guardian)

(Signature of the Candidate)

Date: _____

Date: _____

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

1. Full Name of the Candidate: _____
2. Class in which the Candidate is studying: _____
3. Medium of instruction in the school: _____
4. Date of Birth of the candidate in the school record:-
 - a. In Figures (DD/MM/YYYY) : _____
 - b. In Words: _____
5. Remarks by Head of Institution (Headmaster / Principal): _____

(Name)

(Signature with stamp)

Date: _____

INSTRUCTIONS

1. The information / instructions given in the Prospectus must be read carefully before applying for the admission.
2. Application Form complete in all respects must be accompanied by the following:-
 - a. Bank Deposit Slip in favour of **Cadet College Skardu, Acct No. 16917900058403, Habib Bank Limited, Gamba Branch, Skardu.**
 - b. Attested photocopies of **Domicile, Form B and Father's / Guardian's CNIC.**
 - c. 4 x recent passport size photographs with blue background, duly attested (3 x from back and 1 x on front by the Headmaster / Principal).
 - d. Duly filled / completed ADDRESS SLIP (Provided with Prospectus).
3. Application Form must be sent by registered post addressed to the **Cadet College Skardu** or **submitted by hand**, before due date (as advertised).
4. The application forms of **overage / underage** candidates, incomplete application forms and application forms unaccompanied by any of the required documents listed above shall not be entertained and the registration fee will not be refunded.
5. **Eligibility**
 - a. Applicant must have **passed class 8th** on the date of admission to the College.
 - b. Should be between **13 to 15 years** of age, as on **1st of April in the exam year.**
 - c. Should be **medically fit** to undergo **studies / physical activities** at Cadet College Skardu.

ADDRESS SLIPS

PLEASE FILL IN THE SLIPS FOR FUTURE CORRESPONDENCE. THESE SLIPS MUST BE ATTACHED TO THE ADMISSION FORM

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

REGISTERED
Candidate Name: _____
S/O: _____
Address: _____

Phone/Cell No: _____

BANK COPY



CADET COLLEGE SKARDU
HABIB BANK LIMITED GAMBA BRANCH
ACCOUNT #: 16917900058403

Dated: ___/___/___

Name of Candidate: _____

Father's Name: _____

Fee: Registration Fee Class 9th (2023)

Total Amount: Rs. 3500/- (Rupees Three
Thousand and Five Hundred 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

Dated: ___/___/___

Name of Candidate: _____

Father's Name: _____

Fee: Registration Fee Class 9th (2023)

Total Amount: Rs. 3500/- (Rupees Three
Thousand and Five Hundred 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

Dated: ___/___/___

Name of Candidate: _____

Father's Name: _____

Fee: Registration Fee Class 9th (2023)

Total Amount: Rs. 3500/- (Rupees Three
Thousand and Five Hundred only)

Depositor's Name: _____

Depositor's Sig: _____

Cell #: _____

Received by: _____ Date: _____

Name: _____

Signature: _____

FOR BANK USE ONLY

Bank Receiver Signature and Stamp