Roll No. _____

APPLICATION FORM
C A D E T C O L L E G E S K A R D U
CLASS 8TH - SESSION 2027

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. Admission Status: a. Merit: ☐ b. Self-Finance: ☐ c. Both: ☐

(20 x exclusive seats are available on self-finance)

4. Father's CNIC #: _____
5. Father's Occupation: _____
6. Father (Alive: Yes / No): _____
7. Guardian's Name (**ONLY, if father Not Alive**): _____
8. Guardian's CNIC # (**ONLY, if father Not Alive**): _____
9. Father's Monthly Income (Guardian's incase Father is deceased): _____
10. Mother's Occupation: _____
11. Mother's Monthly Income: _____
12. Religion: _____
13. District of Domicile: _____
14. Postal Address: _____
15. Permanent (Father's CNIC) Address: _____
16. Cell Phone # 1: _____ 16. Cell Phone # 2: _____
17. Cell Phone # (WhatsApp): _____ 18. E-mail Address: _____
19. Name of Current School: _____
20. Choice of Exam Centre (Skardu, Gilgit, Rawalpindi, Sialkot, Lahore, Peshawar, Karachi and Quetta):

    _____

21. Documents attached are:-
    a. Bank Deposit Slip (Provided with Prospectus) 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 authorize 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 7th** on the date of admission to the College.
   b. Should be between **12 to 14 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: _____

BANK COPY

CADET COLLEGE SKARDU

HABIB BANK LIMITED GAMBA BRANCH

ACCOUNT #: 16917900058403

Dated: ____/____/2026

Name of Candidate: _____

Father's Name: _____

Fee: Registration Fee Class 8th (2027)

Total Amount: Rs. 4000/- (Rupees Four Thousand only)

Depositor's Name: _____

Depositor's CNIC: _____

Depositor's Sig: _____

Cell #:_____

Received by: _____Date: _____

Name: _____

Signature: _____

FOR BANK USE ONLY

Bank Receiver Signature and Stamp

Note:-

a. **Normal Fee upto 20 Oct 2026: Rs. 4000/-**
b. **After Due Date: Rs. 5000/-**

COLLEGE COPY

CADET COLLEGE SKARDU

HABIB BANK LIMITED GAMBA BRANCH

ACCOUNT #: 16917900058403

Dated: ____/____/2026

Name of Candidate: _____

Father's Name: _____

Fee: Registration Fee Class 8th (2027)

Total Amount: Rs. 4000/- (Rupees Four Thousand only)

Depositor's Name: _____

Depositor's CNIC: _____

Depositor's Sig: _____

Cell #:_____

Received by: _____Date: _____

Name: _____

Signature: _____

FOR BANK USE ONLY

Bank Receiver Signature and Stamp

Note:-

a. **Normal Fee upto 20 Oct 2026: Rs. 4000/-**
b. **After Due Date: Rs. 5000/-**

STUDENT COPY

CADET COLLEGE SKARDU

HABIB BANK LIMITED GAMBA BRANCH

ACCOUNT #: 16917900058403

Dated: ____/____/2026

Name of Candidate: _____

Father's Name: _____

Fee: Registration Fee Class 8th (2027)

Total Amount: Rs. 4000/- (Rupees Four Thousand only)

Depositor's Name: _____

Depositor's CNIC: _____

Depositor's Sig: _____

Cell #:_____

Received by: _____Date: _____

Name: _____

Signature: _____

FOR BANK USE ONLY

Bank Receiver Signature and Stamp

Note:-

a. **Normal Fee upto 20 Oct 2026: Rs. 4000/-**
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