|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GOVT. POST GRADUATE COLLEGE ARIFWALA  ${roll\_no}  Admission Form    Academic Year ${start\_year}داخلہ برائے تعلیمی سال | | | | | | | | | | | | | | | | | | | | | | | | | | | ${ticketimage} |
| **1** | | **Admission Applied For Class** | | | | | | | | | | | | | جس جماعت میں داخلہ مطلوب ہے (کوئی ایک منتخب کریں) | | | | | | | | | | | | |
|  | |  | | | **${applied} ${loginusername} ${loginusername}** | | | | | | | | | | | | | | | | | | | | | | |
| **2** | | **Academic Details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Certificate / Degree**  **(*Tick Group*)** | | | | | **Roll No.** | | | **Year** | | | | | | | **Annual /Supp.** | | **Marks Obt.** | | | **Grade** | **%age** | | | | **Board /University** |
| **Matric** (Science/Arts) | | | | | ${rollno} | | | ${passing\_year} | | | | | | | ${exam\_type} | | ${marks\_obtian} | | | ${grade} | ${percentage} | | | | ${insitute\_name} |
| **Inter** (Pre-Med/Pre-Eng / G.Sc. / ICS/ Arts) | | | | | ${irollno} | | | ${ipassing\_year} | | | | | | | ${iexam\_type} | | ${imarks\_obtian} | | | ${igrade} | ${ipercentage} | | | | ${iinsitute\_name} |
| **Bachelor** (Science/Arts) | | | | | ${brollno} | | | ${bpassing\_year} | | | | | | | ${bexam\_type} | | ${bmarks\_obtian} | | | ${bgrade} | ${bpercentage} | | | | ${binsitute\_name} |
| **3** | | **B-Form /CNIC No.** | | | | | | **${cnic}** | | | | | | | | | | | | | | | | | | | |
| **4** | | **Candidate’s Name**  (Capital Letters) | | | | | | **${name}** | | | | | | | | | | | | | | | | | | | |
| **5** | | **Date of Birth**  ***تاریخ پیدائش*** | | | | | | **${dob}** | | | | | | | **Blood Group ${bgroup}** | | | | | | | | | | | ***امیدوار کا نام (اردو میں)*** | |
| **6** | | **Father’s Name**  (Capital Letters) | | | | | | **${fname}** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | ***ولدیت (اردو میں)*** | |
| **7** | | **Father’s CNIC No.** | | | | | | **${fcnic}** | | | | | | | | | | | | | | | | | | | |
| **9** | | **Contact No.**  ***فون نمبر*** | | | | ${contact\_number} | | | | | | | **8 Address**  ***پتہ تحریر کریں*** | | | | | ${address} | | | | | | | | | |
| **10** | | **Religion** | | | | | | |  | | **${religion}** | | | | | | | | | | | | | | | مذہب (کوئی ایک منتخب کریں) | |
| **11** | | **Nationality** | | | | | | |  | | **${nationality}** | | | | | | | | | | | | | | | شہریت (کوئی ایک منتخب کریں) | |
| **12** | | **Specialty** | | | | | | |  | | **${specialty}** | | | | | | | | | | | | | | | | |
| **13** | | **Group as per Prospectus** | | | | | | | **${group}** | | | | | | | | | | | | | | | | | | پراسپیکٹس کے مطابق گروپ لکھیں |
| **14** | | **Write Elective / Optional Subjects of Selected Group** | | | | | | | | | | | | | | | | | | منتخب کردہ گروپ کے اختیاری مضامین لکھیں | | | | | | | |
| **1** | | ${optional\_subject\_one} | | | | | | **2** | | ${optional\_subject\_two} | | | | | | | | | | **3** | | | ${optional\_subject\_three} | | |
| **15** | | **In Case of Re-Admission Provide Following Information ری ایڈمشن کی صورت میں درج ذیل کوائف درج کریں** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Previous Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | **2. Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | **3. Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **4. Previous Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **COVID Vaccination: ${covid}** | | | | | | | | | | | | | | | | | | | | | | **5. Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
|  | |  | | | | | | | | | | | | |  | | | | |  | | | | | | |

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| **For Office Use Only** | | | | | **صرف دفتری استعمال کے لیے** | | | | | | | |
| **1** | **Decision of Admission Committee (*Tick One)*** | | | |  | ***Granted*** | |  | ***Rejected*** | |  | ***Waiting List*** |
|  | **Member 1 Sig.** | | | | **Member 2 Sig.** | | | | | | | |
| **2** | **Roll No. Allotted** | **${roll\_no}** | **3** | **Date of Fee Receipt** | | | **${submissiondate}** | | | **6** | **Admission Clerk Sig.** | |
| **4** | **Fee Challan No.** | **${newid}** | **5** | **Comp. Fee Challan No.** | | | **${newid}** | | |

**Printed By: ${user}**