Medical Nic BayForm

Admission Form

Admission Date :



Noor Public School

2791, Ghazi Nagar Street No.20, Siddiq Wahab Rd Khi

Admission for Class				TARACHI		Ca	mpu	s: O1
Basic Information	n							
Student's Name :								
Date of Birth :				Gender	[
Place of Birth :				lother Language :				
Religion :			IVI	Cast/Community	· :			
Current Address :								'B' Form#
					City:			B 10mm
Resident Tel-No. :			Near	rest Contact # :				
Last School Attended :						Blood	Group :	
Last Class / Left Reason :							Medical /	Health Remarks
Islamic Education :								
Father's Informat	tion							
Tel / Cell #:			Office Tel# :		N.I	.C.#:		
Occupation :			Income :		En	nail ld :		
Address			1					
(if any) :								
Mother's Informa	tion							
		J	0-11#			1		
Name :			Cell#			Work		
Sibling's Informa	tion	1				$\overline{}$	Regist	ration Information
							Reg#:	
							Date :	
							Test:	
							'	
I accept / agreed a	ill rules an	d regulations	of school.					
Signature			8.8 (1					
Father / Guardian		_	Motner	:			Deie	sainalla Cianatura /
4 Recent photographs Photograph of Birth Cartificate		Note :					Prin	ncipal's Signature / School Stamp
Photocopy of Birth Certificate Last school Leaving Certificate			-	admission form within a wee				- Carrier
Photocopy of Father's N.I.C	-			herwise registration will be c				
• •		Issue	ed Date :	27-Aug-25	11:21.15			