## **APPLICATION FOR ADMISSION** Fauji Foundation School

Copy I	No
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To:		Principle School			
1.	Particula. N	ulars of the child are lame Photocopy of the form (B) re	as under:-	S/D/O hed. Original copy a	of your school.  also to be produced for verification)  Days
	d. E e. C f. Ir	Blood Group Class and school if st n any other school at School leaving certificate wi	udying t present		(1) Class (2) School
2.	(Strike My par serving be atta a. N b. N c. N d. L e. Ef. T g. F h. F i.	out/initial, whichever inticulars are as undering and Fauji Foundation inched. The original copulation with the control of the	s not applicable (This portion in Employee per by, at the time of the control of	e). is to be filled in the sonnel. Copies of admission, sha	Foundation Employees/a civilian  by the Armed Forces Retired and of Discharge/Service documents must all be produced for verification)  e harge Months
	Place				(Signature of Applicant/Father)
4.	Date o	of Admission	(F	or office use o	nly)
5.	Princip	oal Remarks			
Not	e				(Signature of Principal (With Date)

- 1. Ensure that the certificate on reverse is properly filled in and signed by the Parents/Guardian.
- Student will be tested and interviewed. Admission will be purely on merit. 2.
- 3. All columns of the application form should be clearly and meticulously filled in and must be submitted by hand in the office of the School concerned.

### **CERTIFICATE-I**

It is certified that the information given in this form (both sides) is correct to the best of my knowledge and I shall be personally responsible for any wrong statement.

Name	
Relation with the student	
Address	

Candidates must be within he following age group on the commencement date of Academic Year

AGE LIMIT FOR ADMISSION				
Serial	Class	From	То	
a.	Nursery	3-3/4	4-3/4	
b.	Prep	4-1/2	5-1/2	
C.	1	5-1/2	6-1/2	
d.	II	6-1/2	7-1/2	
e.	III	7-1/2	8-1/2	
f.	IV	8-1/2	9-1/2	
g.	V	9-1/2	10-1/2	
h.	VI	10-1/2	11-1/2	
i.	VII	11-1/2	12-1/2	
j.	VIII	12-1/2	13-1/2	
k.	IX	13-1/2	14-1/2	

# **UNDERTAKING-I**

1.	I, Ex No Rank	Name	do		
hereby	solemnly declare that my following	children are studyi	ng and have studied in the		
FFS/C	ollege:-				
S/No	Name of Child	Class	Name of FFS/College		
a.					
b.					
C.					
d.					
e.					
f.					
I, do understand that as per policy decision for the Committee of Administration, I have right to avail the Education Facility for only first three children in any Fauji Foundation School/College during entire life time. All other children will have to be treated as civilians and I shall have no right to claim any beneficiary status and benefits for my child/children any time/stage.					
3.	To the best of my knowledge and believed	ef, the above inform	nation is correct. In case this		
inform	ation is found incorrect at any stage, F	Fauji Foundation re	serves the right to take any		
action/measure as deemed necessary.					
		(Signat	ure of the Parent/Guardian)		
Witnes	sses:-				
1.	(Signature) 2.	(Signature)			
	(Name with Address & NIC No)	(Name with	n Address & NIC No)		
	SIGIALD III II	II I ILOLIAOL	<u> </u>		
Sta: _					
Date: _			Signature of the Principal		

<u>UNDERTAKING-II</u>
(In Case No Ben, FFE and Serving seat is Available)

	I, Army Number Ra	nk	(Name	e)		
Retd,	Serving / FFE (Tick Mark which	category is	applicable) do	solemnly declare that the		
Princip	ole FFS	has persor	ally briefed	me regarding admission		
proced	lure in the school. Since presentl	y there is no v	acancy availa	able in the Ben, Serving and		
FFE c	category (as the case may be	e), therefore,	I am willing	to get my Son/Daughter		
(Name	Name) admitted on a civilian's vacancy and I shall not					
claim a	claim any beneficiary benefits/status/brother/sister Fee concession.					
	However, when a seat in a partic	cular vacancy	falls vacant, I	shall first withdraw my child		
from th	ne school after completion of Aca	ademic Sessio	n and compe	te with other Bens, Serving		
or FFE	for admission against the vacan	t seat.				
			(Signatu	re of the Parent/Guardian)		
Witno	Witnesses:-					
VVIIIIG:	5565					
1.	(Signature)	2.	(Signature)			
	(Name with Address & NIC No)		(Name with	Address & NIC No)		
	SIGNED IN MY PRESENCE					
Sta:						
Date: _				Signature of the Principal		