

Army Public School

District Chagai



Admission Form



NO IMAGE
AVAILABLE

Note: Fill in with **BLOCK**
letters.

Class: _____

Shift: ☐ Morning ☐ Night

STUDENT INFORMATION

Name: _____	Form B: _____	DOB: _____
Age: _____ _____ (years) _____ (y)	Blood Group: _____	Nationality: _____
Domicile: _____	Cast: _____	Disability: _____
Student Category: _____		
Address: _____		

FATHER/GUARDIAN INFORMATION

Name: _____	Gender: _____	NIC No: _____
Relation: _____	Occupation: _____	Designation: _____
Employer: _____	Mobile No: _____	Home PH: _____
Office	Email: _____	

PH: _____

MOTHER INFORMATION

Mother
Name: _____

NIC No: _____

Marital
Status: _____

Occupation: _____

Designation: _____

Employer: _____

Mobile
No: _____

Home
PH: _____

Office
PH: _____

Email: _____

PREVIOUS SCHOOL INFORMATION

School
Name: _____

Contact
No: _____

Leaving
Date: _____

Class
Passed: _____

CONTACT INFORMATION

Mailing address: _____

Permanent address: _____

District: _____

City: _____

Zip: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____

Relation: _____

FOR OFFICE USE ONLY

Admission
No: _____

Admission Date: _____

Mr./Ms: _____ S/D/O: _____ is recommended for admission in

Clerk's Signature _____

Director's Signature _____