

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

PH:

Email:

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 _____