



PUBLIC SCHOOL GADAP, KARACHI

(MANAGED BY SINDH GRADUATES ASSOCIATION)



ADMISSION FORM (2020-2021 SESSION)

1. Applicant's Name _____ 2. Father's Name _____

3. Surname _____ 4. Guardian's Name _____

5. Admission to Class: _____ 6. Group _____

8. Studying in Grade/ Class: _____ 9. Name of pervious School / Collage _____

10. Medium of Instruction: _____ 11. General Registration (GR) NO. _____

12. Date of Birth: _____ 13. Religion: _____

14. Place of Birth: _____ 15. District _____

16. Father's/Guardian's Occupation _____ 17. Mother Tongue (M.T) _____

18. Postal Address: _____

19. Permanent Address: _____

20. E-mail _____

21. Phone(s) Mobile No: _____

22. Emergency Contact _____

Undertaking:

I certify that the information given above is correct to the best of my knowledge and I hereby assure to abide by all the rules and regulations of the Institute.

Date _____

Signature (Applicant)

Signature (Father/Guardian)

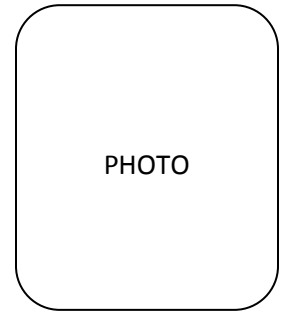
FOR OFFICE USE ONLY
Entry Test Slip

Date of Entry Test: _____ Class: _____

Applicant's Name: _____ Guardian's Name: _____

Father's Name: _____ Father's CNIC _____

Roll No _____ Contact No: _____



FOR OFFICE USE ONLY
Entry Test Slip

Date of Entry Test: _____ Class: _____

Applicant's Name: _____ Guardian's Name: _____

Father's Name: _____ Father's CNIC _____

Roll No _____ Contact No: _____

