



# LINZ SCHOOL & COLLEGE

Main Diyal Road Near Lakki Guest House D.I.Khan

Applying For:

**Class**

## ADMISSION FORM

<b>Play Group</b> <input type="checkbox"/>	<b>Nursery</b> <input type="checkbox"/>	<b>Prep</b> <input type="checkbox"/>	<b>KG.1</b> <input type="checkbox"/>
<b>KG.2</b> <input type="checkbox"/>	<b>KG.3</b> <input type="checkbox"/>	<b>KG.4</b> <input type="checkbox"/>	<b>KG.5</b> <input type="checkbox"/>
<b>Class 6th</b> <input type="checkbox"/>	<b>Class 7th</b> <input type="checkbox"/>	<b>Class 8th</b> <input type="checkbox"/>	
<b>Group</b>			
<input type="checkbox"/> <b>9th</b>	<input type="checkbox"/> <b>Science Group</b>		
<input type="checkbox"/> <b>10th</b>	<input type="checkbox"/> <b>Computer Group</b>		
<input type="checkbox"/> <b>FSC (Part I)</b>	<input type="checkbox"/> <b>Pre-Medical</b>		
	<input type="checkbox"/> <b>Pre-Engineering</b>		
<input type="checkbox"/> <b>FSC (Part II)</b>	<input type="checkbox"/> <b>ICS</b>		
	<input type="checkbox"/> <b>Gen.Science (with State &amp; Economics)</b>		

Form Submission Date --

### Things to be Attached

- ★ 4 Passport size Photographs
- ★ A Copy of NIC Parent / Guardian
- ★ School Leaving Certificate
- ★ Student Form B
- ★ DMC (Last Exam)
- ★ Migration Certificate
- ★ Affidavit

Photographs

Student ID \_\_\_\_\_ Admission Date \_\_\_\_\_ Reg No \_\_\_\_\_

Student Name \_\_\_\_\_

Father Name \_\_\_\_\_

D.O. B \_\_\_\_\_ F/NIC \_\_\_\_\_ Gender M/F

Permanent Address \_\_\_\_\_

Present Address \_\_\_\_\_

Father Occupation \_\_\_\_\_ Father Monthly Income \_\_\_\_\_

Mob 1 \_\_\_\_\_ Mob 2 \_\_\_\_\_ PH \_\_\_\_\_

Mob 3 \_\_\_\_\_ WhatsApp# \_\_\_\_\_

Tribe/Cast \_\_\_\_\_ Religion \_\_\_\_\_ Nationality \_\_\_\_\_

### Detail of Previous Academic Record

Last Institution \_\_\_\_\_ Last Class \_\_\_\_\_

Roll No \_\_\_\_\_ Year \_\_\_\_\_ Exam A/S T/Marks \_\_\_\_\_ O/Marks \_\_\_\_\_

Admission Type: Normal-Merit-Hafiz-e-Quran-Teacher Son-Sibling-Orphan-Free-Other

Sibling Record Name \_\_\_\_\_ Class \_\_\_\_\_

Place of Birth \_\_\_\_\_ Domicile \_\_\_\_\_ B Group \_\_\_\_\_

S. NIC/ Form B \_\_\_\_\_ M. Language \_\_\_\_\_ If any disease \_\_\_\_\_

### Details of the person to be contacted in Case of Emergency:

Person's Name \_\_\_\_\_

Person's Telephone \_\_\_\_\_ Person's Mobile \_\_\_\_\_

WhatsApp# \_\_\_\_\_ Relation with Child \_\_\_\_\_

Admin Sign \_\_\_\_\_ Principal \_\_\_\_\_ Sign Parent/Guardian \_\_\_\_\_