



Application/Registration form

Reg. No

SCHOLARSHIP PROGRAMME FOR SINDH
SESSION 2021-2022

DR. A. Q. KHAN SCHOOL SYSTEM & COLLEGE
IBRAHEEM CAMPUS ISLAMABAD

ADMISSION TEST FOR SCHOLARSHIP

PASTE YOUR 1
RECENT PHOTO
HAVING BLUE
BACKGROUND

01. Bank Online Deposit of Rs: 750/- from Designated Bank Branches.

Bank Code		Deposit Date	
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*Note: Application Form will not be entertained without Original Deposit Slip (COLLEGE Copy)

02. Admission for Class First Year: Tick Only One Box for Desired Group. (Mandatory)

PRE 9 TH (8 TH)	<input type="checkbox"/>	9 TH	<input type="checkbox"/>
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03. District of Domicile: (Student or Father) _____

04. Desired Test City:

<input type="checkbox"/> SUKKUR	<input type="checkbox"/> SHIKARPUR	<input type="checkbox"/> GHOTKI	<input type="checkbox"/> KHAIRPUR	<input type="checkbox"/> LARKANA	<input type="checkbox"/> MITHI
<input type="checkbox"/> SHAHADAD KOT	<input type="checkbox"/> SHAHEED BENZIR ABAD	<input type="checkbox"/> NOUSHERO FEROZ	<input type="checkbox"/> MIRPUR KHAS	<input type="checkbox"/> UMERKOT	<input type="checkbox"/> HYDER ABAD

Personal Information: Use CAPITAL letters and leave spaces between words.

05. Candidate's Name: _____

06. Father's Name: _____

07. CNIC of Father/Guardian #: _____

08. Date of Birth:

D	D	M	M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Year:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Total Age:

D	D	M	M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Year:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Maximum Age Limit is 16 Years)

09 Religion: _____ Father's/Guardian's Occupation: _____

10. Postal Address: _____

_____ City: _____ District: _____

11. Mobile: _____ 12. Parents Mobile No: _____

DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.

13. Are You Orphan? Yes No 14. Are You a Disabled Person? Yes No

16. School Category: PRIVATE GOVERNMENT SEF_{SINDH EDUCATION FOUNDATION SUPPORTED}

17. School Name: _____

18. Address: _____

19. Select Your Syllabus of Study: OXFORD(OUP) SINDH TEXT BOOK BOARD (STBB)

Undertaking by the Applicant:

I _____ Son of _____ do here by solemnly declare and affirm that I have read and understood the instructions and conditions for appearing in the Entry Test, and I have filled-up the application form as per instructions given below. In case of any information contained herein is found at any stage to be missing, untrue, false, my candidature can be cancelled at any stage (even after admission, if so revealed later), and I shall be liable to legal action.

Date _____ Candidate's Signature _____



18. Undertaking by Parents/Guardian:

I _____ FATHER/GUARDIAN of _____ do here by give my consent for my child to take admission and study in Dr. A. Q. Khan College Ibraheem Campus Islamabad. Furthermore, I shall be responsible for his character , financial liabilities and that he will follow all rules and regulations of the institution.

Date _____ Parents Signature _____

GENERAL INSTRUCTIONS:

- Please fill the application form properly with complete and correct information/ answers.
- Please do not leave any field blank, otherwise your application may not be considered.
- Incorrect or false information may result in cancellation of your candidature at any stage, even after admission, and also proceeding of a legal action.
- **Attach your Two recent passport size Photographs, attested copy of Father's CNIC, bank deposit slip (College Copy).**
- No need for any other documents e.g. School leaving , Domicile etc, till test / interview clearance.
- Application Fee (Service Charges) is non-refundable/non-transferable to other category.
- Mobile phones or any electronic gadgets are not allowed in test center premises.
- **For Test Syllabus Guideline visit www.aqkicampus.com**
- Information about Roll No Slip/Test date/Test Center will be provided by SMS, Website, Email, Face book

LAST DATE TO APPLY FOR ADMISSION ENTRY TEST IS 25TH APRIL 2021

Office Call Timing: From 9:00 am to 5:00 pm

Website: www.aqkicampus.com

Help line

**Dr. A. Q. Khan School System &
College
Ibraheem Campus
For any Information Please Contact on:
Phone : 051-5970895-96
Mobile : 0301-4993419**

SEND YOUR FORM

**Dr. A. Q. Khan College
Ibraheem Campus Korang
Town Extension Islamabad**



SCHOLARSHIP PROGRAMME FOR SINDH

BANK'S COPY

Dr. A. Q. Khan School System & College

Ibraheem Campus Islamabad

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

(*Please deposit fee in only one bank & tick the relevant bank)

	<input type="checkbox"/>
A/C DR. A. Q. KHAN SCHOOL SYSTEM	
A/C NO 2165 4037712982	

	<input type="checkbox"/>
A/C Title: Dr. A. Q. Khan School System	
A/C No: 23287106371203	

	<input type="checkbox"/>
A/C Title: Dr. A. Q. Khan School System	
A/C No: 0749222880051	

	<input type="checkbox"/>
A/C Title: Dr. A. Q. Khan School System	
A/C No: 03351004815140	

*Note: Desired Bank Stamp is required on the Deposit Slip & Original Deposit Slip (College Copy) along Application Form. Application Form will not be entertained without Original Deposit Slip (COLLEGE Copy)

Project ID: (AQKSP/06/2021)	
Applicant's Name:	Father Name:
CNIC No/ B Form No:	
Total Fee: Rs. 750/- <input type="checkbox"/>	Amount in word: Rs. Rupees Seven Hundred and Fifty Only <input type="checkbox"/>

Applicant's Signature _____

Cashier _____

Officer _____



SCHOLARSHIP PROGRAMME FOR SINDH

STUDENT'S COPY

SCHOLARSHIP PROGRAMME FOR SINDH
Dr. A. Q. Khan School System & College
Ibraheem Campus Islamabad

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

(*Please deposit fee in only one bank & tick the relevant bank)

	<input type="checkbox"/>
A/C Dr. A. Q. Khan School System	
A/C No: 21654037712982	

	<input type="checkbox"/>
A/C Title: Dr. A. Q. Khan School System	
A/C No: 23287106371203	

	<input type="checkbox"/>
A/C Title: Dr. A. Q. Khan School System	
A/C No: 0749222880051	

	<input type="checkbox"/>
A/C Title: Dr. A. Q. Khan School System	
A/C No: 03351004815140	

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Applicant's Name:
Father Name:
CNIC No/ B Form No:

Fee for Scholarship PROGRAMME for Sindh	
Total Fee: 750/-	Amount in word: Rs. Rupees Seven Hundred and Fifty Only <input type="checkbox"/>

Applicant's Signature _____

Cashier _____

Officer _____



SCHOLARSHIP PROGRAMME FOR SINDH

COLLEGE'S COPY

SCHOLARSHIP PROGRAMME FOR SINDH
Dr. A. Q. Khan School System & College
Ibraheem Campus Islamabad

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

(*Please deposit fee in only one bank & tick the relevant bank)

	<input type="checkbox"/>
A/C Dr. A. Q. Khan School System	
A/C No: 21654037712982	

	<input type="checkbox"/>
A/C Title: Dr. A. Q. Khan School System	
A/C No: 23287106371203	

	<input type="checkbox"/>
A/C Title: Dr. A. Q. Khan School System	
A/C No: 0749222880051	

	<input type="checkbox"/>
A/C Title: Dr. A. Q. Khan School System	
A/C No: 03351004815140	

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Applicant's Name:
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CNIC No/

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Officer _____