



Application/Registration form

Reg. No _____
To be filled by CTSF

SCHOLARSHIP PROGRAM FOR BALOCHISTAN SESSION 2020-2021 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 (School Copy)

02. Admission for Class: Fill Only One Box for Desired Class. (Mandatory)

CLASS 7TH

CLASS 8TH

CLASS 9TH

03. District of Domicile: (Student or Father) _____

04. Desired Test City:

QUETTA

ZHOB

KHUZDAR

BARKHAN

QILASAIFULLAH

NASIRABAD

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

05. Name in Full:

06. Father's Name:

07. CNIC of Father/Guardian #:

08. Date of Birth:

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

 -

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

 Total Age:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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09. Religion: _____

10. Postal Address: _____

All correspondence will be made on this address though courier service or ordinary postal service.

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. Phone No: _____

City Code - Phone No

14. Are you Orphan? Yes No

15. Are you a disabled person? Yes No

16. Name of School: (Presently Studying) _____

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 School System and College Ibraheem Campus Islamabad. Further more, 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 INSTRUCTION/ INFORMATION:

- ✓ 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 and original bank deposit slip (**School Copy**).
- ✓ No need for any other documents e.g. School leaving , Domicile etc, till test / interview clearance.
- ✓ By hand submission of application form is not allowed.
- ✓ 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.
- ✓ 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 31ST December 2019

Office Call Timing: From 9:00 am To 9:00 pm

Website: www.aqkicampus.com

Help line

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

SEND YOUR FORM

Dr. A. Q. Khan School System &
College Ibraheem Campus Korang
Town Extension Islamabad



SCHOLARSHIP PROGRAM FOR BALOCHISTAN

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 Title: 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	

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

Project ID: (AQKSP/31/2020)	
Applicant's Name:	Father Name:
CNIC No/ B Form No:	Admission for Class:
Total Fee: Rs. 750/-	Amount in word: Rs. Rupees Seven Hundred and Fifty Only

Applicant's Signature _____

Cashier _____

Officer _____



SCHOLARSHIP PROGRAM FOR BALOCHISTAN

STUDENT'S COPY

SCHOLARSHIP PROGRAM FOR BALOCHISTAN 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 Title: 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	

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A/C Title: Dr. A. Q. Khan School System	
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Project ID: (AQKSP/31/2020)	
Applicant's Name:	Father Name:
CNIC No/ B Form No:	Admission for Class:

Fee for Scholarship Program for BALOCHISTAN	
Total Fee: 750/-	Amount in word: Rs. Rupees Seven Hundred and Fifty Only

Applicant's Signature _____

Cashier _____

Officer _____



SCHOLARSHIP PROGRAM FOR BALOCHISTAN

SCHOOL'S COPY

SCHOLARSHIP PROGRAM FOR BALOCHISTAN 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 Title: Dr. A. Q. Khan School System	
A/C No: 21654037712982	

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A/C No: 0749222880051	

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Applicant's Signature _____

Cashier _____

Officer _____