



Application/Registration form

Reg. No _____

SCHOLARSHIP PROGRAMME FOR BALOCHISTAN
SESSION 2020-2021

DR. A. Q. KHAN 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)

FSC PRE MEDICAL

FSC PRE ENGINEERING

I.C.S

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

04. Desired Test City:

QUETTA

ZHOB

BARKHAN

QILASAIFULLAH

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	Year
<input type="text"/>				

 -

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

 Total Age:

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

 -

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

(Maximum Age Limit is 17 Years)

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. Are You Orphan? Yes No

14. Are You a Disabled Person? Yes No

PREVIOUS EDUCATIONAL BACKGROUND

Name of School _____

Educational Board _____ Roll No. _____ Passing Year _____

Obtained Marks in Class 9th _____ Total Marks _____ Percentage _____

***THE CANDIDATE MUST HAVE SCORE ATLEAST 60 % MARKS IN CLASS 9TH IN ORDER TO APPLY FOR ADMISSION TEST**

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. 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, Result Card Copy of Class 9th Passed and original 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.
- ✓ Information about Roll No Slip/Test date/Test Center will be provided by SMS, Website, Email, Face book.
- ✓ The Candidate must have secure atleast 60% Marks in Annual SSC-1 Examination
- ✓ **For Test Syllabus Guideline visit www.aqkicampus.com**

LAST DATE TO APPLY FOR ADMISSION-ENTRY TEST IS 30th JUNE 2020

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

Website: www.aqkicampus.com

Help line

Dr. A. Q. Khan 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 PROGRAMMEME FOR BALOCHISTAN

BANK'S COPY

Dr. A. Q. Khan 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: 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/01/2020)	
Applicant's Name:	Father Name:
CNIC No/	
B Form No:	
Total Fee: Rs. 750/-	Amount in word: Rs. Rupees Seven Hundred and Fifty Only

Applicant's Signature _____

Cashier _____

Officer _____



SCHOLARSHIP PROGRAMME FOR BALOCHISTAN

STUDENT'S COPY

SCHOLARSHIP PROGRAMMEME FOR BALOCHISTAN
Dr. A. Q. Khan 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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Project ID: (AQKSP/01/2020)	
Applicant's Name:	
Father Name:	
CNIC No/	
B Form No:	

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

Applicant's Signature _____

Cashier _____

Officer _____



SCHOLARSHIP PROGRAMME FOR BALOCHISTAN

COLLEGE'S COPY

SCHOLARSHIP PROGRAMMEME FOR BALOCHISTAN
Dr. A. Q. Khan College
Ibraheem Campus Islamabad

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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