



**SCHOLARSHIP PROGRAMME FOR BALOCHISTAN  
SESSION 2026-27**

**DR. A.Q. KHAN SCHOOL SYSTEM & COLLEGE**

**IBRAHEEM CAMPUS ISLAMABAD**

**ADMISSION TEST FOR SCHOLARSHIP**

**01. Bank Online Deposit of Rs: 1000/- 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. Class (Studying Now):** \_\_\_\_\_

**03. Select Class for Admission : Tick Only One Box. (Mandatory)**

<b>6th</b>	<input type="checkbox"/>	<b>7th</b>	<input type="checkbox"/>	<b>8th</b>	<input type="checkbox"/>	<b>9th</b>	<input type="checkbox"/>
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**04. Desired Test City:**

<b>QUETTA</b>	<input type="checkbox"/>	<b>ZHOB</b>	<input type="checkbox"/>	<b>GAWADAR</b>	<input type="checkbox"/>		
<b>QILA SAIF ULLAH</b>	<input type="checkbox"/>	<b>NASIRABAD</b>	<input type="checkbox"/>	<b>KHUZDAR</b>	<input type="checkbox"/>	<b>BARKHAN</b>	<input type="checkbox"/>

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

**05. Candidate's Name:** \_\_\_\_\_

**06. Father's Name:** \_\_\_\_\_

**07. District of Domicile:** (Student or Father) \_\_\_\_\_

**08. CNIC of Father/Guardian #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**09. Date of Birth:**

D	D	M	M

 Year: 

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**10. Religion:** \_\_\_\_\_ **Father's/Guardian's Occupation:** \_\_\_\_\_

**11. Postal Address:** \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_

**12. Mobile:** \_\_\_\_\_ . 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

**Academic Background**

**Current School Category:** **PRIVATE**  **GOVERNMENT**

**Class In Which Studying:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

PASTE YOUR 1  
RECENT PHOTO  
HAVING BLUE  
BACKGROUND

## 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, 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](http://www.aqkicampus.com)**
- Information about Roll No Slip/Test date/Test Center will be provided by SMS, Website, Email, Face book

**نوت: درخواست دینے والے طلباء / سکولر ایک سے زائد طلباء کے ایڈمیشن فارم ایک ہی لفافے میں ڈاک کے ذریعے بھیج سکتے ہیں**

**LAST DATE TO APPLY FOR ADMISSION ENTRY TEST IS 15th January 2026**

**درخواست دینے کی آخری تاریخ 15 جنوری 2026 ہے**

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

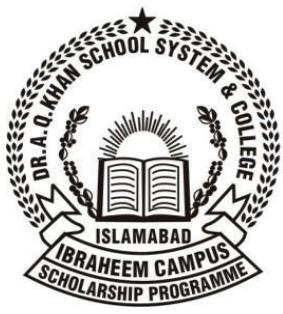
**Website:** [www.aqkicampus.com](http://www.aqkicampus.com)

### Help line

**Dr. A. Q. Khan School System & College**  
Ibraheem Campus  
For any Information Please Contact on:  
Phone : 051-5970895 / 051-5970896  
Mobile : 0301-4993419

### SEND YOUR FORM

**Dr. A. Q. Khan School System  
and College Ibraheem Campus**  
Korang Town Extension Near  
Pwd Housing Society Islamabad



# DR. A.Q. KHAN SCHOOL SYSTEM & COLLEGE

## IBRAHEEM CAMPUS ISLAMABAD SCHOLARSHIP PROGRAMME BALOCHISTAN

BANK'S COPY

BRANCH CODE: \_\_\_\_\_ BRANCH NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### ONLINE DEPOSIT SLIP

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

 National Bank of Pakistan	<input type="checkbox"/>	 UBL	<input type="checkbox"/>	 Bank Alfalah	<input type="checkbox"/>
A/C Title: DR. A. Q. KHAN SCHOOL SYSTEM		A/C Title: DR. A. Q. KHAN SCHOOL SYSTEM		A/C Title: DR. A. Q. KHAN SCHOOL SYSTEM	
Acc No. 21654037712982		Acc No. 0749222880051		Acc 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:	<b>(AQKSP/11/2026)</b>		
Applicant's Name:	Father Name:		
Depositor CNIC No/			
Total Fee:	Rs. 1000/-	Amount in word:	One Thousand Only <input type="checkbox"/>

Applicant's Signature	Cashier	Officer
<b>DR. A.Q. KHAN SCHOOL SYSTEM &amp; COLLEGE</b>		
IBRAHEEM CAMPUS ISLAMABAD		
SCHOLARSHIP PROGRAMME BALOCHISTAN		
<b>STUDENT COPY</b>		
Branch Code: _____	Branch Name: _____	Date: _____
ONLINE DEPOSIT SLIP		
(*Please deposit fee in only one bank & tick the relevant bank)		

 National Bank of Pakistan	<input type="checkbox"/>
A/C Title: DR. A. Q. KHAN SCHOOL SYSTEM	
Acc No. 21654037712982	
 UBL	<input type="checkbox"/>
A/C Title: DR. A. Q. KHAN SCHOOL SYSTEM	
Acc No. 0749222880051	
 Bank Alfalah	<input type="checkbox"/>
A/C Title: DR. A. Q. KHAN SCHOOL SYSTEM	
Acc No. 03351004815140	

Branch Code: _____	Branch Name: _____	Date: _____
<b>DR. A.Q. KHAN SCHOOL SYSTEM &amp; COLLEGE</b>		
IBRAHEEM CAMPUS ISLAMABAD		
SCHOLARSHIP PROGRAMME BALOCHISTAN		
<b>COLLEGE COPY</b>		
ONLINE DEPOSIT SLIP		
(*Please deposit fee in only one bank & tick the relevant bank)		

 National Bank of Pakistan	<input type="checkbox"/>
A/C Title: DR. A. Q. KHAN SCHOOL SYSTEM	
Acc No. 21654037712982	
 UBL	<input type="checkbox"/>
A/C Title: DR. A. Q. KHAN SCHOOL SYSTEM	
Acc No. 0749222880051	
 Bank Alfalah	<input type="checkbox"/>
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Applicant's Name:	
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Total Fee:	Rs. 1000/-
Amount in word:	One Thousand Only <input type="checkbox"/>