First Name: Last Name: Date of Birth: // Place of Birth: Address: Father / Guardian Details: Full Name: CNIC NO: Contact No: Email: Profession: Designation: DECLARATION: I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financia responsibilities promptly. I / We understand that any incorrect information given by me/us wil render this application invalid and, consequently, the admission granted will be canceled. Dated: Signature: Signature: Signature:	UNIVERSITY	IODEL SCHOOL Y OF TURBAT VATION EXCELLENCE
Admission Seeking in: Pre-Nursery Nursery KG One Two Student's details: First Name:		ION FORM
Pre-Nursery Nursery KG One Two Student's details:	Form No:	Session:
Date of Birth: // Place of Birth: Address: Father / Guardian Details: Full Name: Contact No: Profession: DECLARATION: I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financia responsibilities promptly. I / We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be canceled. Dated:	-	□ One □ Two □
Full Name:	First Name:	Gender: Male 🗌 Female 🗌
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 A Photocopy of the Birth Certificate of the Child. Two recent passport-size photographs. A Photocopy of the CNIC of the Father / Guardian. For School office use only Name of the Student:	DECLARATION: I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financial responsibilities promptly. I / We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be canceled.	
Name of the Student: Section:	 A Photocopy of the Birth Certificate of the Child. Two recent passport-size photographs. 	
Class: Section:	Name of the Student:	
	Class:	Section: