UNIVERSITY MODEL SCHOOL
UNIVERSITY OF TURBAT

TRADITION | INNOVATION| EXCELLENCE

ADMISSION FORM

Form No: _____ Session: _____

Admission Seeking in:

Pre-Nursery ☐ **Nursery** ☐ **KG** ☐ **One** ☐ **Two** ☐ **Three** ☐

Student's details:

First Name: _____ Last Name: _____

Date of Birth: _____/_____/_____/ Gender: **Male** ☐ **Female** ☐

Place of Birth: _____ Address: _____

Father / Guardian Details:

Full Name: _____ CNIC NO: ☐☐☐☐-☐☐☐☐☐☐☐-☐

Contact No: _____ Email: _____ Qualification: _____

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 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.

Dated: _____ **Signature:** _____

Particulars to be submitted along with the admission form:

- ☐ 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: _____

Class: _____ **Section:** _____

Dated: _____ **Signature:** _____