

REGISTRATION FORM

This form should
 be submitted on
 or before _____

SERIAL #: _____

CLASS: _____

DATE OF TEST _____

NAME OF CANDIDATE: _____

FATHER'S NAME: _____

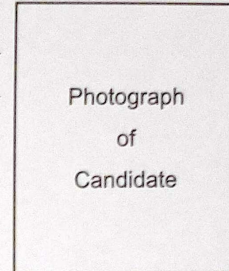
MOTHER'S NAME: _____

DATE OF BIRTH: _____

MOTHER TONGUE: _____ RELIGION _____

NAME OF SCHOOL LAST ATTENDED: _____

CLASS LAST ATTENDED: _____



PLEASE TICK THE RELEVANT COLUMN:

 FATHER'S QUALIFICATION: MATRIC INTERMEDIATE GRADUATION

 MOTHER'S QUALIFICATION: MATRIC INTERMEDIATE GRADUATION

FATHER'S PROFESSION: _____

MOTHER'S PROFESSION: _____

OFFICE ADDRESS: _____

TELEPHONE NO: _____ MOBILE NO: _____

RESIDENCE ADDRESS: _____

_____ TELEPHONE NO: _____

ANY SISTER IN THIS SCHOOL, NAME _____ CLASS _____

ANY COUSIN IN THIS SCHOOL, NAME _____ CLASS _____

I AGREE TO ABIDE BY THE DECISION OF THE TEST TO WHICH MY CHILD WILL APPEAR.

I SOLEMNLY PROMISE NOT TO BRING ANY LETTER OF RECOMMENDATION FROM ANY AUTHORITY WHATSOEVER.

INCOMPLETE OR INCORRECT INFORMATION WILL BE CONSIDERED AS A DISQUALIFICATION.

ADMISSION WILL BE GIVEN AFTER QUALIFYING INTERVIEW, WRITTEN TEST AND SUBJECT TO AVAILABILITY OF SEATS.

PLEASE PROVIDE:

1. COPY OF BIRTH-CERTIFICATE OF NADRA / UNION COUNCIL / CANTONMENT BOARD.
2. TWO PHOTOGRAPHS IN SPACE MARKED.
3. COPY OF THE LAST SCHOOL REPORT.
4. PROOF OF CLASS STUDYING (PRESENT REPORT CARD OR FEE CARD / VOUCHER.)
5. ORIGINAL SCHOOL LEAVING CERTIFICATE IS MANDATORY AT THE TIME OF ADMISSION OTHERWISE.

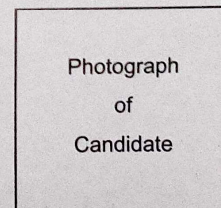
ADMISSION WILL BE CANCELLED.

 Sig. Of Parent/Guardian

PROGRAMMER GIRLS SCHOOL

1. THE TEST WILL BE HELD ON _____ AT 9:00AM SHARP
2. NO TEST WILL BE GRANTED IF THE APPLICANT IS LATE BY 15 MINUTES
3. PLEASE BRING THIS SLIP ON TEST DAY.

NAME OF CANDIDATE: _____ CLASS: _____



PLEASE PRODUCE THIS SLIP FOR ALL FURTHER REFERENCE. SERIAL No. _____