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|  | | | | | | **THE LEARNING SCHOOL & COLLEGE**  **(A Project of Kot Radha Kishan Development Trust)**  Kot Radha Kishan (Distt Kasur). Ph: 049-2380235  **ADMISSION FORM**  **Date of Admission:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Insert  Picture | | | | | | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Admission No. | | | | |  | | | | Admitted Class | | | | | | | | | |  | | | | | Current Class | | | | | | |  | | | | | | | | | Section | | | | | | |  | |
|  | |  | | | | | | Family No. | | | | | | | |  | | | | | Medium | | | | |  | | | | | | | | | | | | Form No: | | | | | |  | | | | |
| Kasur | |  | | | | Approved/Not Approved by Selection Committees | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Student Status | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT BIODATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name | | | | |  | | | | | | | | | | | | | | | Date of Birth | | | |  | | | | | | | | Place of Birth | | | | | | | | | | |  | | | | | |
| B.Form No. | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | Gender | | | |  | | | Blood Group | | | | | | | | | |  | | | | | | Religion | | | | |  |
| Cell # for SMS | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | Home Tel # | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | Email. | | | | | |  | | | |
| Any Medical problem | | | | | | | | | | |  | | | | | | | | | Does the child have any physical handicaps? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Father’s Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father’s Name | | | |  | | | | | | | | | CNIC # | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | Cell # | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | |
| F. Occupation | | | | |  | | | | | **Monthly Income** | | | | | | | |  | | | **OFF.TEL NO.** | | | |  | | | | | | | | **Residence Tel No.** | | | | | | | |  | | | | | | | |
| Casts |  | | | | | | Address of Business / Employer | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Email. | | | | |  | | | | | | |
| **Mother’s Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother’s Name | | | |  | | | | | | | | | CNIC # | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | Cell # | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | |
| M. Occupation | | | | |  | | | | | **Monthly Income** | | | | | | | |  | | | **OFF.TEL NO.** | | | |  | | | | | | | | **Residence Tel No.** | | | | | | | |  | | | | | | | |
| Name/Address of Business/Employer | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Email. | | | | |  | | | | | | |
| **Guardians Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guardian’s Name | | | | |  | | | | | | | CNIC # | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | Cell # | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | |
| M. Occupation | | | | |  | | | **Monthly Income** | | | | | | | | | |  | | | **OFF.TEL NO.** | | | |  | | | | | | | | **Residence Tel No.** | | | | | | | |  | | | | | | | |
| Name/Address of Business/Employer | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Email. | | | | | |  | | | | | |
| EMERGENCY CONTACT NUMBER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact Person’s Name** | | | | | | | | | | | | | | | | | | | |  | | | | **Emergency Contact Person’s Mobile No.** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Previous Institutions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | Admission No. | | | | | | | | Year | | | | Board/Institutions | | | | | | | Grade | | | | T.Marks | | | | | | Obtained Marks | | | | | | | | | | | | Per % | | |
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| **Brother/Sister Studying** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student’s Name | | | | | | | | | | | | | | Class | | | | | | | | | | | | | School Name | | | | | | | | | | | | | | | | | | | | | |
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Required Documents at the time of Registration:

1. Child Passport Size Photographs.
2. NADRA Birth Certificate.
3. Both Parent Copy of CNIC.
4. Copy of B Form.
5. Filling of the child’s name will not be CHANGED later.