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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:**  | InsertPicture |
| **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. |

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 | Gender |  | Blood Group |  | Religion |  |
| Cell # for SMS |

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 | Home Tel # |

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 | Email. |  |
| Any Medical problem |  | Does the child have any physical handicaps? |  |
| **Father’s Information** |
| Father’s Name |  | CNIC # |

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| F. Occupation |  | **Monthly Income** |  | **OFF.TEL NO.** |  | **Residence Tel No.** |  |
| Casts |  | Address of Business / Employer |  | Email. |  |
| **Mother’s Information** |
| Mother’s Name |  | CNIC # |

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| M. Occupation |  | **Monthly Income** |  | **OFF.TEL NO.** |  | **Residence Tel No.** |  |
| Name/Address of Business/Employer |  | Email. |  |
| **Guardians Information** |
| Guardian’s Name |  | CNIC # |

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| 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.