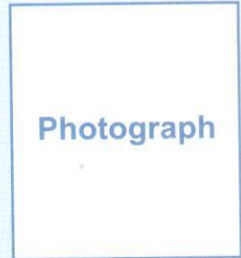


Al-Rabiah & Al-Hajiri Orphan's School & College Pabbi

S.No:

Campus:

ADMISSION FORM



Name:

Father's Name:

Father's CNIC #:

Father's Death Date:

Nationality:

Date of Birth:

Place of Birth:

Guardian's Name:

Relation:

Mobile:

Previous Class:

Previous School:

Address:

Date: _____

Signature of Guardian: _____

For Office Use:

ID Copy

Copy Birth Certificate

Photographs

School Leaving Certificate

Admitted in Class

Copy Father's Death Certificate

Incharge Students Affairs

Principal

Director