



# **CADET COLLEGE KOHLU**

## **APPLICATION FORM FOR ADMISSION TO CLASS - VII (7<sup>TH</sup>)**

**ROLL NO.** \_\_\_\_\_

**A. Please read the instructions and all the columns carefully:**

- i. This application Form duly filled to be submitted to CCK and must be accompanied by Bank Draft / Bank Challan for Rs. 2000/- as Registration Fee.**
- ii. To be filled in by candidate in his own hand writing in capital letters.**

One recent  
passport size  
photograph to  
be pasted here  
& 05 to be  
attached

**iii. Please make sure that no column is left blank, write N/A if not applicable.**

1. Name of the Candidate (in full) \_\_\_\_\_
2. Father's Name (in full) \_\_\_\_\_
3. Name of guardian, (if father is not alive) \_\_\_\_\_
4. Father's / Guardian's (Occupation) \_\_\_\_\_
5. Father's / Guardian's Annual Total Income Rs. \_\_\_\_\_
6. Religion \_\_\_\_\_ Caste \_\_\_\_\_ Tribe \_\_\_\_\_
7. Present Postal Address \_\_\_\_\_  
\_\_\_\_\_
8. Permanent Home Address \_\_\_\_\_  
\_\_\_\_\_
- Tel. (Off) \_\_\_\_\_ (Res.) \_\_\_\_\_ Mob \_\_\_\_\_
- Fax \_\_\_\_\_ Email \_\_\_\_\_
9. The School, which the candidate is attending \_\_\_\_\_  
\_\_\_\_\_
10. Name of center at which candidate wishes to appear in Examination.  
(1) QUETTA
11. Bank Draft/Bank Challan No. \_\_\_\_\_
12. District / Province \_\_\_\_\_

**B. TO BE FILLED IN BY THE HEAD MASTER / PRINCIPAL OF THE CONCERNED SCHOOL / COLLEGE WHICH THE CANDIDATE IS ATTENDING.**

1. I (Mr. /Mrs. /Miss. \_\_\_\_\_) Headmaster / Principal of \_\_\_\_\_ College/School, certify that

Master \_\_\_\_\_ S/O \_\_\_\_\_

is studying in this School/College in class \_\_\_\_\_

2. The medium of instruction in the school is \_\_\_\_\_

3. Date of birth of the candidate on the school record is:

a) in figures \_\_\_\_\_

b) in words \_\_\_\_\_

4. Any thing you would like to add to help us in assessing the candidate's suitability:-

\_\_\_\_\_  
\_\_\_\_\_

Office Stamp

Date.....

Signature of  
Headmaster/Principal

**FOR OFFICE USE**

Age on February 28th , of the year of admission (28.02.2018)

Year \_\_\_\_\_ Month \_\_\_\_\_ Days \_\_\_\_\_

Remarks \_\_\_\_\_

Date \_\_\_\_\_

**Admin. Officer**

**Principal's Remark: Admission Form accepted / rejected** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Principal**  
Cadet College Kohlu

C.

**FATHER'S / GUARDIAN'S INCOME CERTIFICATE**

(In case of Business, Private Service, Landlord or Retd Government Servant)

This is to certify that my annual income for the year \_\_\_\_\_ including all sources and allowances is as under:-

|                          |           |
|--------------------------|-----------|
| Basic Salary             | Rs. _____ |
| Allowances               | Rs. _____ |
| Other Source / Rent etc. | Rs. _____ |
| Business                 | Rs. _____ |
| Land                     | Rs. _____ |
| Pension                  | Rs. _____ |
| Miscellaneous            | Rs. _____ |

\_\_\_\_\_

**Total Net Income                      Rs.**

\_\_\_\_\_

Signature of the Father / Guardian \_\_\_\_\_

Name of the Father / Guardian \_\_\_\_\_

Address \_\_\_\_\_

**Countersigned by:**

Deputy Commissioner \_\_\_\_\_

Or

Income Tax Officer \_\_\_\_\_

Office Stamp

D.

**FATHER'S / GUARDIAN'S SERVICE CERTIFICATE**

(In case of Government / Semi Government / Autonomous Body Employees)

Name of the Father / Guardian \_\_\_\_\_

Designation \_\_\_\_\_ BPS \_\_\_\_\_

Department \_\_\_\_\_

\_\_\_\_\_  
Signature of the Department Head

Office Stamp

Concerned Office Dispatch No. \_\_\_\_\_

Dated \_\_\_\_\_

**D. THE FOLLOWING DOCUMENTS MUST BE ATTACHED WITH THE APPLICATION FORM : (TICK ✓ OR CROSS X)**

|   |  |  |
|---|--|--|
| 1 | 06-Passport Size Photograph (Attested from Concerned School Principal / Head Master)                   |  |
| 2 | 02-Attested Copies of Computerized National Identity Card (CNIC) of Father                             |  |
| 3 | Attested Copy of B-Form (Issued by NADRA), Birth certificate is not acceptable.                        |  |
| 4 | Attested Copy of Local/Domicile Certificate of Candidate <u>OR</u> Father.                             |  |
| 5 | Attested copy of page of the Admission withdrawal register of concerned School.                        |  |
| 6 | Attestation of certificate in Portion B from Head of concerned School <u>OR</u> 6th Passed certificate |  |
| 7 | Duly completed Medical Certificate and Address Slip  |  |
| 8 | Bank Draft / Challan of Rs. 2000/=   |  |
| 9 | Income/Service Certificate of Father's / Guardian of Candidate (Portion C or D)                        |  |

|  |  |
|--|--|
| In case of not selection on District Quota are You willing to be offered on Self Financing Scheme (Yes/No) |  |
|--|--|

**F. UNDERTAKING**

I undertake to accept the result of the Entrance Written Examination and the college medical report without any reservation. I shall not question the result in any manner and shall not indulge in any correspondence about these results.

I also undertake that any effort to influence the authorities during the admission process and false information will amount to my disqualification.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of the candidate)

**Countersignature by the Father / Guardian**

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Father / Guardian)

Please write your postal address in Block Capital letters on all the four slips for dispatch or letters. The address must be the same as given in column - 7 of the application.

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**REGISTERED / UPC**

Candidate's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No and Cell # \_\_\_\_\_

**REGISTERED / UPC**

Candidate's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No and Cell # \_\_\_\_\_

**REGISTERED / UPC**

Candidate's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No and Cell # \_\_\_\_\_

**REGISTERED / UPC**

Candidate's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No and Cell # \_\_\_\_\_



# CADET COLLEGE KOHLU

## MEDICAL EXAMINATION REPORT

I hereby certify that I have examined Mr. \_\_\_\_\_ S/O \_\_\_\_\_  
 \_\_\_\_\_ detailed report of candidate is as under:-

**Part I PROFILE / (SIGNS)**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

BP \_\_\_\_\_ Pulse \_\_\_\_\_

Identification Mark \_\_\_\_\_

Chest Normal \_\_\_\_\_ Chest with expansion \_\_\_\_\_

**Part II SYSTEM EXAMINATION (SYMPTOMS)**

1. C.N.S \_\_\_\_\_
2. C.V.S \_\_\_\_\_
3. RESPIRATORY SYSTEM \_\_\_\_\_
4. LOCOMOTOS SYSTEM \_\_\_\_\_
5. G.I.T. SYSTEM \_\_\_\_\_

**Part III MISCELLANEOUS**

- |    |                |                   |                      |
|----|----------------|-------------------|----------------------|
| 1. | Vision         | <u>With Glass</u> | <u>Without Glass</u> |
|    |                | Right (____/____) | Left (____/____)     |
| 2. | E.N.T          | _____             |                      |
| 3. | ORAL CAVITY    | _____             |                      |
| 4. | General organs | _____             |                      |

**General Remarks:-**

Fit ☐ Unfit ☐

Dated \_\_\_\_\_

**MEDICAL SUPERINTENDENT  
OR  
REGISTERED MEDICAL PRACTITIONER**

**NOTE:-** If any medical disability found at later stage (on reporting date), the College administration reserves the right to cancel the allotted seat without notice.