(FOR OFFICE USE ONLY) ROLL NO. ____ BANK DRAFT (RECEIVED BY)

NAME/ SIG__

4 X recent passport Size photographs duly attested by the Head of the Institution to be attached here

CADET COLLEGE OKARA

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Date: _____

INSTRUCTIONS

- 1. Please read the instructions carefully before submitting the application form.
- **2.** Incomplete application form is liable to be rejected. Overwriting or erasing the date of birth will not be acceptable.
- 3. This application form must be accompanied by bank draft drawn on Bank of Punjab, Main Branch Okara (Branch Code 0018) of Rs. 1-OOO/(Rupees one thousand non-refundable) in the name of Principal, Cadet College Okara. A candidate will be registered and given a Roll No. for Admission into the Examination Hall only when draft is received.
- 4. The Rules & Regulations of college must be read carefully before applying for admission.
- a. Application Form, complete in all respect must be accompanied by the following documents:-
 - i. Four latest passport size photographs of the candidate duly attested by the Head of the Bank Draft drawn for BoP Mian Branch Okara. (Code 0018), District Okara.
 - iii. Undertaking given below signed by the candidate and countersigned by the Parent/Guardian.
 - iv. Attested Photocopy of 9th class result card.
 - v. Attested Photocopy of Candidate's B-Form.
 - vi. Attested photocopy of Father's CNIC.
 - vii. Hope Certificate.
 - viii. Address slip must be completed and sent with Admission Form.
- **b.** Application Form must be sent through registered post or TCS and addressed to the Principal College Okara.
- **c.** Photostat application Form will not be entertained.
- **d.** Incomplete Application Form in any respect is liable to be rejected without any notice.

UNDERTAKING

I undertake to accept the results of the Written Entrance Examination and the Interview without any reservation. I shall not question the results in any manner and shall not indulge in any correspondence regarding these exams.

DECLARATION

I hereby declare that my son / ward has not been suffering from any chronic disease such as Diabetes, Cardiac Trouble, Asthma, T.B and Hepatitis etc.

Warning: If found otherwise, his admission in the College is liable to be cancelled at any time during his stay in the College.

Signature of Parent / Guardian	Signature of the Candidate					
Date	Date					

ADDRESS SLIP

Give below your complete address in Block letters on all the following slips for dispatch of letters. The address must be the same as given in the application form.

REGISTERED
Candidate's Full Name:
Father's /Guardian's Name:
Phone No:
E-mail Address:
Correspondence Address:
REGISTERED
Candidate's Full Name:
Father's /Guardian's Name:
Phone No:
E-mail Address:
Correspondence Address:
Candidate's Full Name:
Father's /Guardian's Name:
Phone No:
E-mail Address:
Correspondence Address:
REGISTERED
Candidate's Full Name:
Father's /Guardian's Name:
Phone No:
E-mail Address:
Correspondence Address:
REGISTERED
Candidate's Full Name:
Father's /Guardian's Name:
Phone No:
E-mail Address:
Correspondence Address: