LAHORE COLLEGE OF INTELLECTUALS & CADETS

13 Km Raiwind Kasur Road, PO Raokhanwala, District Kasur +92 321 444 1844, 0342 0346 444 1844

Submit Application Form with Bank Draft or Deposit Slip for Rs 500/- in following account.

A/C No PK16DUIB0000000164505002

HBL: 0195000024 3201

ADMISSION FORM

(Names to be printed in block letters)

Studetn's Photograph

Details of Student

Full Name: _____

Religion: _____ Date of Birth: _____

Identification Marks: _____

Cadet's Hobbies / Interests: _____

Last School Attended: _____

Class in Previous Institution: _____ Grade Applied for: _____ Session: _____

Home Address: _____

_____ Email: _____

Telephones: (1) _____ (2) _____ Cell Phones: (1) _____ (2) _____

DETAILS OF BROTHERS(S) SISTER(S):

Sr.#	NAME	CLASS	AGE	SCHOOL / COLLEGE
1.				
2.				
3.				
4.				
5.				
6.				

DETAILS OF PARENTS / GUARDIAN:

Father's Name: _____ Name of Guardian: _____

Occupation: _____ Designation/Deptt. _____

Monthly Income: _____ Relation with Cadet: _____

Business Address: _____ Address: _____

Business Office: _____ Phone #: _____ Cell #: _____

Give detail of any Medical, Physical, Psychological Problem of Cadet/ Any other useful information.

_____

_____

Allergies: _____ Blood Group: " _____ "ve.

I understand that the above particulars are correct and accept the Rules and Policies of "LCIC".

Signature of Guardian _____ Signature of Parent's _____

NIC #: [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ] - [ ] NIC #: [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ] - [ ]

FOR OFFICE USE ONLY

Date of Admission: _____ Admitted to Grade: _____

ADMISSION REMARKS: _____

_____

_____ Registrar

_____ Principal