

No. \_\_\_\_\_

# DEFENCE HOUSING AUTHORITY COLLEGE AND SCHOOL SYSTEM (DHACSS) IQRA CAMPUS

Off Kh. Ghalib, St-12, Ph-VIII, DHA, Karachi

## REGISTRATION FORM

Receipt No. \_\_\_\_\_

Class for Admission \_\_\_\_\_

4 X 4 cm  
Photograph

### PARTICULARS OF CANDIDATE

Name \_\_\_\_\_ Male / Female

Date of Birth (in figures)

Day		Month		Year			

In words \_\_\_\_\_

(Please Enclose Photocopy of Birth Certificate)

Religion \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing / Correspondence Address \_\_\_\_\_

Residence Tel # \_\_\_\_\_

Cell # \_\_\_\_\_

(on which school will always contact)

Name of Previous School \_\_\_\_\_

Class Passed \_\_\_\_\_

### PARTICULARS OF FATHER / GUARDIAN

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

Qualifications (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Nationality \_\_\_\_\_

(Incase of Foraigner, please provide photocopy of Passport)

CNIC No :

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Profession \_\_\_\_\_

Government Service

Private Service

Business

Name of Company / Business \_\_\_\_\_

Position held \_\_\_\_\_

Address \_\_\_\_\_

Office Tel # \_\_\_\_\_

Type of Business (if Applicable) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### PARTICULARS OF MOTHER

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Qualifications (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

If Working Class (Please give details) \_\_\_\_\_

Nationality \_\_\_\_\_

CNIC No :

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### PARTICULARS OF ARMED FORCES / DHA EMPLOYEES

Name \_\_\_\_\_

Svc / PA No. \_\_\_\_\_

Retired / Serving \_\_\_\_\_

Designation / Rank \_\_\_\_\_

Place of Work \_\_\_\_\_

Signature of Parent / Guardian

Full Name : \_\_\_\_\_