www.shakarganj.edu.pk



SHAKAR GANJ EVERGREEN

SCHOOL COLLEGE ACADEMY

For O	ffice Use Only
Student's I. D#	
Fee	Reg
Fee R. Date	Receipt #
Acc. Sec	PrincipaL

Faith & Knowledge Together				Acc. Sec	_ PrincipaL		
Class Applied For	SCHOOL	COLLEG	E AC	M ADEMY	Paste Recent Photograph		
1 SUBJECTS							
<u>(i)</u>	(ii)		(iii)	(iv)			
(v)	(vi)		(vii) ·	(viii)			
2 PERSONAL DE	TAIL						
					طالب علم کانام (اردومیں) مالب علم کانام (اردومیں)		
Student's Name [
Father's Name (Please use CAPITAL LETTERS) Date of Birth			Gende		والدكانام (اردوميس) Female		
Bay Form/CNIC (Student's)				Religion: Muslim	Non-Muslim		
3 CONTACTS	MI E LOUIS AND						
Address					-		
Telephone Home:_		Office:		Mobile No:			
E-mail	Registered Contact #						
4 ACADEMIC RE	CORD						
Name of the School	ol/College Last	Attended					
Last Exam Passed		Marks Obtained Year					
5 DECLARATION				Mark Commission			
I hereby de	eclare that I am	applying for a	admission w	rith the expressed app	roval from my		
tather/guardian. I	shall accept th	ne rule and re	gulations o	of school/college/acade	emy as biding		
principal/lecturers/	teachers or by t	he school/coll	nere. I shal	ll also obey the orders ny management commi	issued by the		
		TO SCHOOL/COM	-geracauem	ıy management commi	ιιιee.		

Applicant's Signature Office: Opposite General Hospital Near Usman Hospital, Ferozepur Road, Lahore. 042-35921002, 35801853, 0333-4328031

Date _

Father's/Guardian's Signature