



IBA Community College, DADU

ADMISSION FORM

Photograph
Passport Size
(Two Copies)

Class: _____ Form No _____

Name: _____
(USE CAPITAL LETTERS)

Father's Name: _____
(USE CAPITAL LETTERS)

Surname: _____ Guardians Name: _____

Admission to class: _____ Mother tongue (M.T): _____

Mark of ID: _____ Blood Group: _____

Last school attended: _____

Religion: _____ Date of Birth (in figures): _____

Date of birth (in words): _____

Place of Birth: _____ Taluka & District: _____

Father's/Guardian's Occupation: _____

Father's/Guardian's Qualification: _____

Mother's Qualification: _____
(Please mention only highest qualification)

Family income (per month): _____

Brothers / sisters studying in our school:

1. Name: _____ Class: _____

2. Name: _____ Class: _____

3. Name: _____ Class: _____

Permanent Address: _____

_____ E-mail: _____

Postal Address: _____

Phone(s) Mobile: _____ Office: _____ Res: _____

1. The above information is correct to the best of my knowledge.

2. I hereby do abide by all the rules and regulations of the Institute.

Dated _____

Signature
Father/Guardian

Note: Please attach Birth certificate / Leaving certificate and stick photograph

FOR OFFICE USE ONLY

The candidate interviewed on _____

Admission allowed to class _____

Admission disallowed for _____

Roll No _____

Receipt No _____

Date _____

Amount _____

PRINCIPAL