



RATWAL CADET COLLEGE

Tameer-e-Millat City of Education,
Fateh Jang

Admission # _____

Attach student's recent coloured picture

ADMISSION APPLICATION FORM

STUDENT'S INFORMATION	
Student's Name	
First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	NIC/Form-B <input type="text"/>
Religion <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Other <input type="text"/>	
Date of Birth (dd/mm/yyyy) <input type="text"/>	
Class (In which enrollment is required) <input type="text"/>	
Domicile <input type="text"/>	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/>
Contact Number	Residence <input type="text"/>
	Mobile <input type="text"/>
Current Postal Address	Email <input type="text"/>
	House No. <input type="text"/> Street No. <input type="text"/> Mohallah/ Union Council <input type="text"/>
	City <input type="text"/> Tehsil <input type="text"/> District <input type="text"/>

PARENTS / GUARDIAN'S INFORMATION	
Father's Name	
First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	
NIC <input type="text"/>	Education <input type="text"/>
Alive <input type="checkbox"/> Yes <input type="checkbox"/> No	If deceased, then date of death <input type="text"/>
Occupation <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Service <input type="checkbox"/> Armed Forces <input type="checkbox"/> Agriculture	
Organization <input type="text"/>	Designation <input type="text"/>
Monthly income <input type="text"/>	Words <input type="text"/>
Contact Number	Residence <input type="text"/>
	Mobile <input type="text"/>
Mother's Name	Email <input type="text"/>
	First Name
	Middle Name
	Last Name
	<input type="text"/>
NIC <input type="text"/>	Education <input type="text"/>

GUARDIAN / EMERGENCY CONTACT PERSON (ECP)

Name

First Name

Middle Name

Last Name

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NIC

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Relationship to Applicant

Contact

Residence

Mobile

Email

Current Postal Address

House No.

Street No.

Mohallah/
Union Council

City

Tehsil

District

APPLICANT'S ACADEMIC RECORD

Last class/ certificate or degree received	Name School/ Institute	Board Name	City	Year of Passing	Total Marks	Obtained Marks	Percent- age	Grade/ Division

CHECKLIST FOR COMPLETE APPLICATION

Before submitting your application, please be sure you have included all the following REQUIRED documents:

- Completed and signed application form.
- Three passport size recent pictures (including one on form).
- Two photocopies of student CNIC/ Form-B/Birth Certificate.
- Two photocopies of student domicile.
- Attested photocopy of last result /academic report Annual /Board /University exams.
- Two attested photocopies of father/guardian CNIC and death certificate.

Note: All documents must be attested by a grade 17 officer.

Declaration by the Parent / Guardian

I hereby declare that in the event of admission of my Son / Dependant to Ratwal Cadet College:

1. I will be responsible for the timely payment of the fees/dues.
2. I will also be responsible for making up any loss / damage caused by the applicant to the RCC. building and facilities during the course of his / her stay in the school.
3. I affirm that the RCC Principal/ School Management Committee/ can expel the student from attending the school anytime, if found guilty of violation of RCC rules and regulations after due investigation.
4. If, the documents submitted by my son / dependant for admission are proved incorrect at any stage or found to be fake or to contain an incorrect statement or error which may affect the merit, I will be held responsible and the RCC will have the authority to cancel his admission at any stage and undertake disciplinary action against him.
5. I undertake that in case my son / dependant defaults on attendance requirement (maximum 70 percent); the RCC is authorized to disqualify him from the RCC examination.
6. I give permission for medical treatment In case of any medical emergency.
7. I also undertake that in case my son / dependant is involve in sexual abuse or harassment, the RCC is authorized to expel him from the college immediately.

Father /Guardian Name:

Signature / Thumb Impression:

Date(dd/mm/yyyy):

FOR OFFICE USE ONLY

Admission: Granted Not Granted Class: _____ Signature of Principal _____