**SIBLING FORM**

**Student 1:**

|  |  |
| --- | --- |
| **Name:** | **Father Name:** |
| **Department:** | **Program (Self / Open category):** |
| **Roll No:** | **Batch & Semester:** |
| **Student CNIC #:** | **Contact No:** |
| **Father CNIC #:** | **Father Signature:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chairman/Chairperson (Sign & Stamp)**

Verification by the concerned Office Assistant (Directorate of Admissions):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student 2:**

|  |  |
| --- | --- |
| **Name:** | **Father Name:** |
| **Department:** | **Program (Self / Open category):** |
| **Roll No:** | **Batch & Semester:** |
| **Student CNIC #:** | **Contact No:** |
| **Father CNIC #:** | **Father Signature:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman/Chairperson (Sign & Stamp)

Verification by the concerned Office Assistant (Directorate of Admissions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Half Fees Availed by (Student Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director Admissions**

***Important Note:*** *Attached students Identity card & father CNIC copy*