



RECORD # SPS/DIR/REC/01

Issue #: 02

Title: Entry Test Registration Form (School)

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02 Photos

Candidate/Student's Information

Please fill in block letters

Student Name: [Grid]

Date of Birth: [D][D][M][M][Y][Y][Y][Y] Place of Birth: [Text]

Class in which admission is sought: [Text] Campus: [Text]

Name and address of School last attended [Text]

Form B No. [Grid]

Signature of Candidate: [Text]

Parents's Information

Father's Name: [Grid]

Father's occupation (SPECIFIC): [Text]

Father CNIC No. [Grid]

Father's Cell # [Grid] Father's Whatsapp [Grid]

Father Education: [Text] Mother's Education: [Text]

Who will pay the fee: [Text] Address: [Text]

Father Signature: [Text]

Guardian's Information

(Fill if guardians is other than parents) Fill in block letters

Guardian's Name: [Grid]

Guardian's Cell # [Grid] Guardian Age: [Text]

Guardian's Relation with student: [Text] Guardian Occupation [Text]

Guardian CNIC No [Grid]

Signature of Guardian's: [Text]

Last date for Form submission: [Text]

PRO Signature [Text]

For office Use

Allotted Entry Test Roll No. [Text] Date: [Text] Signature: [Text]

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