

277-A, Satellite Town Sargodha Ph: 0300-1068010 0304-8606606

## **ADMISSION FORM**

Registration No:			Roll No:				
APPLYING FOR:			Form Submis	sion Date:	]-[	]-[	
Session		_ Starting Dat	e	Campus			
CLASS	GR	OUP	ATTACH	MENTS			
☐ MDCAT	EARLIER PE	_		oort Size			
LMDCAT	PARALLEL P	_	Photograp  1 Copy of Parent/Gu  A Copy of Board Res	. 11	Photograph		
☐ FUNGAT	NET I	II III		uardian			
☐ ECAT							
Phone No:(Res)			WhatsApp	/ Mobile #			
Current School /	College:						
Class Last At	tended	Name of	Institute	Marks Obt.	%age	Year	
Father's Name:(In Block Letters)	<del></del>			_			
CNIC No:	L	The state of the s	±	(Mobile)			
Occupation :(Desig	(Organizaion)						
Office Address:							

## **RULES AND REGULATIONS** Dues once paid are noither refundable nor transferable/adjustable. 1. Session timings are subject to the availability of the teachers & can be amended as per requirement. 2. Tuition fee or any other charges like fine are payable. After the due date, fine will be charged on per day basis. 3. Parents must attend the office regularly to discuss the academic progress their child. 4. Misbehavior with any teacher or student or staff, will be culpable. Any damages to the property of the institute by the student will be charged in full. 6. Institution will not, in any case, be responsible for any loss of student? 7. Smoking and use of mobile phone is strongly prohibited within premises of campus. Decisions of the administration will be final in any case. 9. 10. Only prestigious dressing at institute is allowed (Shalwar Kameez, Pent/Shirt). 11. Causual wares (Trousers & T-Shirts) are not allowed. 12. Students are bound to abide by the rules and regulations of Institute.

## DECLARATION

I hereby certify that the information given here is correct to the best of my knowledge and belief. I understand that I will abide by all the present rules and regulation of the institute and those that will be implemented time by time.

I acknowledge that the administration reserves the rights to dismiss students and return them home, without any refund of fees for violation of institute rules or other such condition.

I, therefor, agree to uphold all rules & regulation and ensure cooperation with administration and teachers.

Signature of F	Signature of Father/Guardian Signature of Stu		
HOW DI	D YOU COME TO KNOW  Newspaper T.V Brochure /Handout Banners / Poster Card	ABOUT THE SPECTRUM INSTITUTE  Institute Card / Calandar Word of Mouth Family / Friend Social Media	
	FOR OFFICE USE ONLY		
Reg No	Session —	Campus —	
Total Fee	Received	Receipt No	
Balance (if any)		Due Date for Balance	
		Manager	

108AL PRESS 0323-605999

