



KABAL INSTITUTE OF MODERN SCIENCES

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DIT ADMISSION FORM

PERSONAL INFORMATION:

Date: / / 20__

Name of Applicant: _____

[Please fill in **BLOCK** letters]

S/O, D/O: _____

Date of Birth: _____ Domicile: _____

Address: _____

Student Contact No: _____ WhatsApp No: _____

Father/Guardian's Contact No: _____

Email Address: _____

CNIC No:

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Blood Group: _____



Suitable Shift: Morning Evening

EDUCATIONAL BACKGROUND:

Academic Record	Name of Institute/Board	Roll No	Passing Year	Marks Obtained	%/ Div.
Metric/ O level /Equivalent					
Inter Science/A level/ Equivalent					
Others					
Degree Name:					

DOCUMENTATION REQUIRED:

- Student CNIC / Form-B (Copy)
- Matric Verified DMC Copy (SSC Verified DMC Copy)
- Two Photographs (Passport size)
- Character Certificate (copy)
- Domicile (Copy)
- Affidavit (Original)



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UNDERTAKING:

I Mr. /Mrs. _____ son / daughter / wife of Mr. _____ solemnly declare that

1. I have filled in the form in my own handwriting.
2. The particulars given above are true and correct and if found incorrect college has authority to cancel my admission.
3. I am applying for the admission with the permission of my parents/guardians.
4. I shall leave no stone unturned in devoting myself to my studies and maintaining the dignity and prestige of the college in and out of the college campus and shall be liable to be expelled/rusticated in case of any violation of my part.
5. If my documents are found fake, the college can terminate me at any time of my course.
6. I hereby declare and given an undertaking that I shall never indulge in politics. If any of my time, it is found that I have indulged in politics. I shall be expelled from the college roll by principal without any notice and I shall have no cause of action against the college authorities.
7. If admitted, I shall abide by the rules and regulations of the college already framed or which might be framed subsequently. The college administration may notice increase in fee and fund at time during academic session.
8. The College is authorized to take prescribe action, if my attendance is below (75%).
9. Fee will be paid before 7th of each month otherwise there will be a penalty of 1% / day, If I fail to submit fee for two consecutive months my admission will be considered cancel.
10. I shall submit all my assignments and tasks within due duration, if not the college authority should take prescribe action.
11. I am medically fit and have no chronic disease other than _____.
12. I have gone through and accept the college prospectus, rules & regulations.

Note: Fee once paid is not refundable / transferable in any case.

Applicant Signature: _____ Father Signature: _____

Thumb Impression: _____ Date: ____/____/____

For Office Use Only:

Admission Status _____ Session: _____ File # _____

Shift: _____ Roll No: _____ Date: _____

Receipt # _____

Accountant Sign: _____ Principal Sign: _____ MD Sign: _____