Allied Schools

Project of Punjab Group of Colleges

Admission Registration
For Children of Declared Shaheed Parent

Campus: _____ **City:** _____

1. Child's Particulars:

Full Name: _____ Gender: Male ☐   Female ☐

Date of Birth: _____ Last Class Passed: _____ Last School Name: _____

Admission Required in Class: _____ Year: _____ Session: March ☐   August ☐

2. Shaheed's Particulars:

Full Name: _____ CNIC No. _____

Date of Shahadat: _____

Shaheed Belonged to (Please Tick)**:**   **Armed Forces:**   **Pak Army** ☐   **Air force** ☐   **Navy** ☐
   Rangers ☐   **F .C.** ☐   **Police** ☐   **Any Other** ☐ _____

Official Shahadat Certificate No. _____ Dated: _____

Issuing Authority Details: _____

3. Current Guardian Particulars: (Relationship with Shaheed Parent: _____)

Full Name: _____ CNIC No. _____

Mailing address: _____

_____ E-mail: _____

Landline No: _____ Cell Phone: _____

4. Attachments:
Copy of Nadra Form 'B'   ☐   Copy of CNICs (Shaheed & Guardian) ☐
Copy of Official Shahadat Certificate ☐   Last School Certificate (if applicable) ☐

5. Declaration by the Current Guardian:
I declare that information given above is true and understand that admission will be subject to clearance of child's Admission Test and Interview.

Date: _____   Guardian's Signature: _____

For Official Use Only (In-charge Admission Office / Principal)

Particulars Verified from Originals. Attachments are: Complete☐   Incomplete☐   Process☐
Remarks: _____ *Test / Interview due on: _____

Date: _____   Name: _____   Signature: _____

*Result: Admitted ☐   Not Admitted ☐   Wait ☐   **Principal's Signature**: _____

APPLICATION FOR EDUCATIONAL CLAIMS

The Application will be filled by the Parent/Guardian and submitted to the Principal of the Campus, along with attachments mentioned below, who will send it to CRM Department, Allied Schools-Head Office, 87-B-I, M.M Alam, Lahore.

Allied Schools ☐   **EFA Schools** ☐

Part 1:	PARTICULARS

Check the appropriate box:

Demise Case ☐   **Shohada Case** ☐   **Employee Ward** ☐   **Disability Case** ☐

National Highways/ Motorway Police Discount ☐   **Rescue 1122 Discount** ☐

Any Other_____

Student Detail:

Campus Name: _____City: _____

Student Portal ID: ☐☐☐☐☐☐☐☐☐☐☐ **(Tracking Code)**

Student Name: _____ Class: _____ Section: _____

Father Particulars

Name: _____ CNIC # ☐☐☐☐☐☐☐☐☐☐☐☐☐

NADRA Certificate of Deceased Parent (**In case of Demise**) - No.: _____ Dated: _____

Current Guardian Particulars: (In case of Parent Death)

Name: _____ Relationship with Student: _____

Contact number: _____ CNIC# ☐☐☐☐☐☐☐☐☐☐☐☐☐

NADRA FORM-B/ Birth Certificate No: _____ Dated: _____

Only for Employee Ward Discount

Employee Details

Employee Name: _____   Employee Code: _____

Employee Designation: _____   Employee Department: _____

Contact number: _____

_____	_____
Date	**Signature of Father/Employee/Guardian**

Attachments:

• Birth Certificate / B Form of the Student	Yes ☐	No ☐
• Copy of Current Guardian CNIC	Yes ☐	No ☐
• NADRA/Union Council Death Certificate	Yes ☐	No ☐
• Copy of EOBI/ Social Security card	Yes ☐	No ☐
• Employee Service Card	Yes ☐	No ☐
• Departmental (HOD) letter	Yes ☐	No ☐

This is to certify that above particulars are Correct and attachments have been checked against the Originals.

Case is informed to concerned CRO Head Office (CRM Department).

_____	_____
Principal Name	**NWA Name**

_____		_____
Principal Signature		**NWA Signature**
	Campus Stamp	
_____		_____
Date		**Date**

Part 3:   **FOR HEAD OFFICE-ALLIED SCHOOLS USE ONLY**

Received and checked for any deficiency in the Application

- ☐   No Deficiency (Case sent to Concerned Department)
- ☐   Deficient in Particulars / Attachments / Verification of attachments.
  (Sent back to Campus and copy retained for Reference)
- ☐   Phone call verification by concern CRM

Note: *In case of financial liabilities stands in Fee Share, case will not be processed.*

_____	_____	_____
Date	**CRM Name**	**CRM Signature**

Part 4:   **APPROVAL**

Verifying Departments

_____	_____	_____
Regional Manager	**Manager ICT**	**Reconciliation & Recovery**
Signature	Signature	Signature
_____	_____	_____
Name	**Name**	**Name**

_____
Manager Operations
Signature

- ☐   **Approved:**
- ☐   **Not Approved / Remarks:** _____

_____
Project Director

Part 5:	FINANCIAL PROCESSING / DISPOSAL AFTER APPROVAL

☐ Intimation to Campus by Courier and E-mail (Credit Note Scan Copy attached)
☐ Intimation to Regional Manager by E-mail (Credit Note Scan Copy attached)
☐ Intimation to Regional Finance Officer by E-mail (Credit Note Scan Copy attached)
☐ Intimation to ICT by E-mail (Credit Note Scan Copy attached)
☐ Intimation to Recovery & Reconciliation by E-mail (Credit Note Scan Copy attached)

Action taken for generation of the Revised Fee Challan for the Campus/Student

_____   _____   _____
Date   **Name of Manager Finance**   **Signature**