



# LAHORE COLLEGE OF INTELLECTUALS & CADETS



13 Km Raiwind Kasur Road, PO Raokhanwala, District Kasur +92 321 444 1844, 0342 0346 444 1844

**Submit Application Form with Bank Draft or Deposit Slip for Rs 500/- in following account.**

**A/C No PK16DU1B0000000164505002**

## ADMISSION FORM

**HBL: 0195000024 3201**

(Names to be printed in block letters)

### Details of Student

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Student's  
Photograph

Full Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Identification Marks: \_\_\_\_\_

Cadet's Hobbies / Interests: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Class in Previous Institution: \_\_\_\_\_ Grade Applied for: \_\_\_\_\_ Session: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephones: (1) \_\_\_\_\_ (2) \_\_\_\_\_ Cell Phones: (1) \_\_\_\_\_ (2) \_\_\_\_\_

#### DETAILS OF BROTHERS(S) / SISTER(S):

<u>Sr. #.</u>	<u>NAME</u>	<u>CLASS</u>	<u>AGE</u>	<u>SCHOOL / COLLEGE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

#### DETAILS OF PARENTS / GUARDIAN:

Father's Name: \_\_\_\_\_ Name of Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Designation/Deptt. \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Relation with Cadet: \_\_\_\_\_

Business Address: \_\_\_\_\_ Address: \_\_\_\_\_

Business Office: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Give detail of any Medical, Physical, Psychological Problem of Cadet/ Any other useful information.

Allergies: \_\_\_\_\_ Blood Group: " \_\_\_\_\_ "ve.

I understand that the above particulars are correct and accept the Rules and Policies of "LCIC".

Signature of Guardian \_\_\_\_\_ Signature of Parent's \_\_\_\_\_

NIC #: [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
NIC #: [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

### FOR OFFICE USE ONLY

Date of Admission: \_\_\_\_\_

Admitted to Grade: \_\_\_\_\_

ADMISSION REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registrar

Principal