Leaders' Odyssey School & College	
COLLEGE ADMISSION FORM Note: All sections must be filled.	ATTACH TWO PHOTOGRAPH (2" x 2")
Year	
Applying for Pre-Medical Pre-Engineering ICS Humanities	
STUDENT PERSONAL INFORMATION Please enter your name as it appear on your CNIC/ B Form	
Full Name: G (Capital Letters) G	ender: Male Female
Father Name: (Capital Letters)	
Date of Birth: / / Nationality:	Religion:
Local/ Domicile: Native Language:	
POSTAL ADDRESS:	
CONTACT DETAILS:	
Landline No Cell No.:	
Personal E-mail: Parents Email:	
SCHOOLING DETAILS:	
Name of School	From Class - upto

Has the child ever suffered any serious illness? If "yes", then please specify, Please provide details and attach the copies of medical report and prescription:

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FAMILY (SECTION - I): (PARENTS)

	Father	Mother
Full Name:		
CNIC:		
Mobile Phone:		
Email Address:		
Occupation		
Department/ Scale		

FAMILY (SECTION - II): (SIBLINGS STUDYING IN L.O.S.C)

-	Full Name	Roll Number
Sibling 1		
Sibling 2		
Sibling 3		
Sibling 4		

FAMILY (SECTION - III): (GUARDIAN)

e-mail: leaders_odyssey@hotmail.com

		Relationship:			CNIC:		
Email Address:					Mobile Phor	ne:	
CHECKLIST	I have a	ttached the f	following:				
	1. Two la	test photograj	phs of the chi	ild (Passport	size)		
2. Smart card/ CNIC/ Local/ Domicile/ Computerized B. form of the child							
		er, mother and Guardian.					
		of hope certi ed from the sc		card and ch	aracter & Provisional certific	ates	
Student's Signa	ature	Father's	s Signatur	e	Mother's Signature	Guardian's Signature	
		((FOR O	FFICE U	JSE ONLY)		
ADMISSION TEST	F RESULT ((if applicab	le): PASS	/ FAIL	IN I EKVIEW R	ESULT: PASS / FAIL	
ADMISSION TEST						ESULI: PASS / FAIL	
Comments:						Authority Signature	
Comments:	TTANCE IN	FORMAT	ION (To be f	filled by the A		Authority Signature	
Comments:	TTANCE IN		ION (To be f				
Comments:	TTANCE IN	FORMAT	ION (To be f	filled by the A		Authority Signature	

Fax: (081)-2830599