

SST PUBLIC SCHOOL, RASHIDABAD ADMISSION FORM

Attach 1 Photo of 1.5 x1.5 size duly

	COR TOLEN			attested		
1.	Class in which admission required					
		7 th 8 th				
2.	Center for test and interview: (Tick One)					
		Karachi Rashidabad	Nawabshah Isla	ımabad		
		Sukkur Quetta	Gwadar			
3.	Name of Candidate (Block Letter)					
4.	Date of Birth:	5. Student's C.N.I.C #:				
6.	Place of Birth:	7. Domicile:				
8.	Religion: Sect	Mother Tongue:	Nation	ality:		
9.	Father's Name:	10. Father's Cl	NIC #			
11.	Father's Designation/Occupation		12. Monthly In	come:		
13.	Father's / Contact E-mail address:					
14.	NADRA death Certificate of Father (if decea	sed) 15. Present po	stal address:			
		City	Distri	et		
16.	PTCL # (with city code) Mobile:					
17.	Permanent Address:					
18.	PTCL # (with city code) Mobile:					
19.	Legal Guardianship Certificate (if father is de	eceased) Name:				
20.	Bank Draft No Dated:	of Rs	. 2000/- in favor of	f Sargodhian Spirit		
	Trust Public School Rashidabad.					
	<u>INST</u>	RUCTION	<u>N S</u>			

- The content of the prospectus must be read carefully before applying for admission.
- Application form, duly completed in all respects, must be accompanied with the following:
 - Four 1.5"x 1.5" size photographs of the candidate.
 - ♦ Candidate's Form-B / Smart Card (C.N.I.C)
 - ♦ Copy of C.N.I.C of parents / guardian.
 - ♦ Bank Draft of Rs. 2000/- (Non-refundable)
- Following completed forms from the prospectus:
 - a). Fee & Conditions b). Medical Information Form c). Family Information Form
- Application form must be sent through Courier / Registered AD post/ by hand.
- Incomplete applications shall not be entertained.
- Processing fee is to be submitted via Bank draft in favor of *Sargodhian Spirit trust Public School Rashidabad*.
- Undertaking form, attested copy of School Leaving Certificate will be demanded from selected candidate only.

UNDERTAKING

I/We solemnly declare that the information provided in this form is correct to the best of my/our knowledge and belief, nothing has been concealed. I/We further undertake that the results of Entrance Test and Interview, conducted by SST Public School / any testing agency will be accepted by me/us without any reservation. I/We or anyone else related to us (directly or indirectly) in any manner, will not question the results and decision of the Principal SSTPSR in any Court of Law.

ure of l	<u>ratner</u>	Name &	ε Signature of Moth			ndividual to be contacted ents
		Signatur	·e:	Sign	nature:	Relation:
Name: Name:				_ Na	ime:	
		Mobile:		Mc	bile:	
ATE FF	ROM THE	PRINCI	 PAL/HEADMASTER	OF THE	SCHOOL (P	RESENTLY STUDYING)
Candida	ate (Name i	in block le	tter)			
		joined	l this institute on	a	nd is / has b	een studying in class
	. his date o	of Birth acc	cording to the school re	cord is (in	figure)	D M M Y y Y
	Scho	ol Name: .				
			School Co	ontact No.		
ative wh	10 is / has	been a st	tudent of SSTPSR			
		Name	l l	ouse	Rela	tion with Candidate
		FOI	R OFFICE USE	ONLY		
Year	Month		Attachment / Re	quiremen		Received & Checked by
Year 2024	Month 04		Attachment / Re	equiremen	ll respect	Received & Checked by
	1	Date	Attachment / Re	equiremen aplete in a	ll respect phs	Received & Checked by
	1	Date	Attachment / Re Form con 4 Attested Bank DD	equiremen	ll respect phs 00/-	Received & Checked by Roll No.
	1	Date	Attachment / Ref Form con 4 Attested Bank DD Previous Form-B	equirement aplete in a d Photogration of Rs. 200 school atte	ll respect phs 00/- estation	
2024	1	Date	Attachment / Re Form con 4 Attested Bank DD Previous Form-B Vaccinat	equirement aplete in a d Photograte of Rs. 200 school atter d'Smart Cartifi	Il respect phs 00/- estation ed cate	
2024 erage / (04 Overage	Date	Attachment / Ref Form con 4 Attested Bank DD Previous Form-B Vaccinat Copy of	equirement applete in a and Photograte of Rs. 200 school atte Smart Cartification Certific Father's C	Il respect phs 00/- estation ed cate	Received & Checked by Roll No.
2024	04 Overage	Date 01	Attachment / Re Form con 4 Attested Bank DD Previous Form-B Vaccinat	equirement aplete in a of Rs. 200 school atte /Smart Car ion Certifi Father's Car	Il respect phs 00/- estation ed cate	
	ATE FF Candida	ATE FROM THE Candidate (Name is school is affiliated his date o	Signatur Name: Mobile: ATE FROM THE PRINCIL Candidate (Name in block le joined s school is affiliated with his date of Birth acc School Name:	Signature: Name: Mobile: ATE FROM THE PRINCIPAL/HEADMASTER Candidate (Name in block letter)	Signature: Signature: Name: Name: Name: Mobile: Mo ATE FROM THE PRINCIPAL/HEADMASTER OF THE STAND STA	Signature: Signature: Name: Name: Mobile:



Medical Information Form

(To be filled in by Parent / Guardian) USE BLOCK LETTERS

Name of Applicant					
Date of Birth: (D-M-Y)_		Blood Group	Name & Phone number of t	family physician	
Emergency telephone#					
VACCINATION RECORD					
		Date			Date
Diphtheria	Yes/No		Hepatitis B and C	Yes/No	
Polio	Yes /No		Meningitis	Yes /No	
T.B.	Yes /No		Measles, Mumps, Rublia	Yes /No	
Pertussis	Yes /No		Other (name)	Yes /No	11111111
MEDICAL HISTORY					
Any allergy (food, medi	icine etc.)				
Any chronic illness/disa	ability (Asthma,	Diabetes, Mental Illn	ess, Epilepsy etc.)	Any operation/surgery	
Any dietary problem/ re	equirement _				
Any sleep disorder					
Any behavioural proble	ems e.g. Bed we	etting, Thumb Sucking	, Nail Biting, Breath Holding, Stamm	ering or any other	
Any learning difficulty					
FAMILY HISTORY					
	Age (Year)		Condition of Health		
Father					
Mother					
Siblings					
Diabetes	He	art Problem	High Blood Pressure	Stroke	
Kidney Disease	e Tu	berculosis	Cancer	Arthritis	
Anaemia	Ep	ilepsy	Migraine	Mental Illness	
Any other information					
			-	Signature of Parent / Guard	ian



Family Information Form

(To include Mother, Brothers and Sisters Only)

S.No	NAME	Age	Relationship	Marital Status	Occupation



FEES & CONDITIONS

(Subject to revision without notice)

Fee for the academic year would be collected in two equal instalments. In case of non-payment by the due date, a fine @Rs 100 per day will be charged. After a grace period of 30 days is over, the student's name would be struck off. In case the student wishes to continue his studies at SSTPSR, a re-admission fee @ Rs 60,000 would be paid along with the outstanding dues.

ADMISSION FEE

Table "A"

For New Entry Session 2024-25					
Term	Period	Due-Date	For IGCSE, SSC		
Quarterly April—June 1 st March Rs. 105, 000/-					

Afterward fee will be charged bi-annually

Term	Period	Due-Date	For IGCSE, SSC	For HSSC
1 st Term	July—December	10 th June	Rs. 210, 000/-	Rs. 217, 875/-
2 nd Term	January—June	10 th December	Rs. 210, 000/-	Rs. 217, 875/-
	Total Annual F	Rs.420, 000/-	Rs.435, 750/-	

Table "B" (one time charges)

Registration Fee (Non-Refundable)	2,000/-
Admission Fee (Non-Refundable)	60,000/-
Building Fund (Non-Refundable)	30,000/-
Endowment Fund (Non-Refundable)	20,000/-
Security (Refundable)	25,000/-
Total	137, 000/-

Note:

- WITHHOLDING TAX: 5% OF FEE SHALL BE PAYABLE ALONG WITH THE FEE OF TERM.
- FEES ONCE PAID IS NOT REFUNDABLE AND THE MANNER OF THEIR SPENDING IS NOT ACCOUNTED TO/FOR THE PARENTS.

Signature of Parent / Guardian Indicating acceptance of conditions

SST PUBLIC SCHOOL RASHIDABAD



Other Expenses

- Clothing, footwear, books & stationery, pocket money travelling, telephone & postage, photographs, movie, various other club memberships, Cambridge registration/external examination fee etc. will be charged in addition to the above, individually on actual consumption basis.
- These charges may also increase during the session, as and when required.
- The fee may increase by up to 10% every year.
- If a boy is expelled from the school on disciplinary grounds or on any other ground, full fee for that year will be charged.
- If parents ask for the withdrawal of the boy during the year, full fee for the year will be charged.
- If parents are living abroad, they are to nominate a guardian in the country to act on their behalf.
- Necessary yet basic health facilities will be provided to all students, within the school complex, free of cost.
 However, any kind of hospitalization will be charged to the parents. Parents are advised to hold medical / hospitalization insurance cover on behalf of their child in the school.
- If a boy requires treatment, every effort will be made to obtain the prior consent of a parent / guardian. Should this be not possible in the time available, the Principal or House Master, acting in loco parentis (acting in the place of a parent / guardian) is authorized to give valid consent to such treatment (including anaesthetic or operative) as may be recommended by the school doctor or his locum (temporary substitute).
- Damage to or loss of school property would incur a charge.

Travel to / from the School:

- On initial joining, this will be the responsibility of the parents.
- After joining, the school will facilitate traveling arrangement for those students, whose parents so desire; this facility will be charged to the parents.

Method of Payment:

By Bank Draft or Pay Order payable to **Sargodhian Spirit Trust Public School, Rashidabad**. Drawn against the local branch of any Bank in Tando Allahyar.

Signature of Parent / Guardian Indicating acceptance of conditions