

ARI	MY BURN H	ALL CO	LLEGE	FOR G	SIRLS	S.I	No:_			
No. Market St. St. St. St. St. St. St. St. St. St	Registratio									
BOARDER	AY SCHOLAR	FOI	R OFFICE U	JSE ONLY	,			. chure w	ith Kground	
Admission desired in cla	ass	Admission	granted in c	lass			`	dine pac		
Curriculum: FBISE / CIA	AE . Session:	Roll #	Sec	tion		L				
Note: Fill form in BL	OCK LETTERS with spa	ce between 1st	name and las	st name.						
Applicant's Name:										
Nationality:			_Religior	າ:						
Date of Birth:	_	Ag	e: Y M	D	Gend	er: [М	F		
Father's Name:										Τ
CNIC No:				Cell No	0:					
Occupation:			Organiza	tion:						
Address:										
Mother's Name:										
CNIC No:				Cell No	0:					
Occupation:	· · · · · · · · · · · · · · · · · · ·		Organiza	tion:						
Address:										
Guardian's Name (if applicable):									
CNIC No:				Cell No	0:					
Relationship:			_ Occupa							
Temporary Address	8:									
Permanent Address	s:									
				L	andline I	No:_				
PERSONAL	_ INFORMATIO	ON			ACA	DEN	IIC			

Weight (KG)_____Height:____ Any health issue:_____ Special Skill:_____

Classes attended from:to
Previous school:

How did you come to know abo	ut ABHC(G):						
Newspaper Teacher Frien	d / Relatives Others						
Sisters studying in ABHC(G):							
S.No	Name		Class				
Hallian Parents	From	То					
Employment Category of Parents:							
a. Army (Serving/Retired	I): Rank: b.	CIV:					
c. CDP	d.	Staff(own)	_				
	e.	Staff (Boys)					
	Sig	gnature:					
		Parents / Guardian					
	Da	te:	_				
	INSTRUCTIONS						
The following must be attached with	th the application form:						
1. 4 x latest passport size photog	graph of the candidate (blue	Background)					
2. Bank draft of Rs. 5300/- in favour of Principal, Army Burn Hall college for Girls, Abbottabad,							
as a Registration Fee (Non Re	as a Registration Fee (Non Refundable)						
3. Medical Fitness Certificate issued by a Medical Officer of a Govt Hospital / CMH.							
4. Copy of Computerized Form-E	3						
5. Copy of CNIC of Father / Guar	rdian.						
6. School Leaving Certificate of t	6. School Leaving Certificate of the Previous School.						
7. In case of Army Officers/JCOS	Soldiers ward following is req	uired.					
a. Serving: A certificate by C	a. Serving: A certificate by CO/OC of the Unit/HQ along with date of birth						
(as per CORO/Part-II Ord	er).						
b. Retired: (Photocopy of pe	ension book)						
	DECISION						
Admitted:		Signature:					
		PRINCIPA	L				
Not Admitted		Date:					

Affidavit for Provisional Admission

1.	I hereby solemnly declare that my daugl	nter/sonis
being	given admission in class) at Army Burn Hall
Colleg	ge for Girls.	
2.	I declare that, being the student of AB	HCG, she/he shall follow all the norms of
discip	line and rules/regulations of the institution	n and she shall not be allowed to appear in
the Bo	oard Examination or suspended or expe	elled from the college due to consistently
showi	ng poor performance in studies being che	cked through internal exams. The absence
from a	iny internal exam or failing in the send up e	exam also amount to breach of discipline.
3.	I will not have any objection if she/he is s	truck off the college roll due to her absence
for Te	n days or more. If readmitted she will hav	re to pay admission charges afresh in full. I
under	stand that her appearance in the Board ϵ	examination/sending of admission form will
deper	id upon/subject to the requisite attendanc	•
4.		e authority awards punishment, or imposes
-		e or expulsion from the College due to her
		g late, cheating, stealing, lying, rudeness,
	-	nt in any immoral activity, possession of
		es, camera etc), wearing jewelry items,
		e deemed serious enough by the college
•	line committee.	of numbers that shall be responding all the
5.	•	ct numbers that shall be responding all the ution and shall ensure my presence in all
	t-Teacher Meetings.	ution and shall ensure my presence in all
6.	•	pove mentioned conditions and I solemnly
		allenge any decision taken by the college
	rity in any court of law.	menge any decision taken by the conege
adtiio	inty in any occurrentaw.	
Stude	nt's Name:	
Stude	nt's Signature:	
Date:_		
Paren	t's Name:	
Paren	t's/Guardian's Signature:	
Fathe	r's /Guardian's CNIC No	
Conta	ct No.(Land Line):	Cell No.:
Date:		
Witne	ss-l:	Witness-II:
CNIIC	4	CNIC#

ADDRESS SLIPS

(To be filled in and sent alongwith the application form)

Give below your complete Address in Block Letters on all the four slips for dispatch of letters.

	REGISTERED	
Correspondence Address _		
Telephone No	Mobile No	
	REGISTERED	
Candidate's Full Name		
	Mobile No	
	REGISTERED	
Candidate's Full Name		
Father's/Guardian's Name _		
Correspondence Address _		
	Mobile No	
	REGISTERED	
Candidate's Full Name		
Telephone No.	Mobile No.	