



16. WhatsApp Number (COMPULSORY)

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17. Emergency Mobile Number

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18. Are you Willing for Self Finance Scheme?

Yes

No

19. FOR ADMISSION IN SELF - FINANCE SCHEME (1ST YEAR)

If you have appeared in SSCI-I or SSC-II Examination then give detail:

R.No. _____ Marks Obtained: _____ Out of _____ Year of Passing _____

Name of Board: _____

Select Group for admission: 1. Pre-Medical
2. Pre-Engineering

20. FOR OFFICE USE ONLY

Age Calculation at the time of admission on 1st March, 20 _____

Year _____

Month _____

Date _____

Remarks (OIC Admission) _____

Principal's Remarks : Admission Form Accepted/Rejected _____

Date _____

**Principal
Cadet College Kohlu**

21. EDUCATIONAL CERTIFICATE BY THE HEAD OF INSTITUTION

a) Name of Candidate (according to school record) _____

b) Father's Name (according to school record) _____

c) Class in which studying _____

d) Medium of instruction of school _____

e) Date of birth according to school record (in figures) _____

(In words) _____

f) His performance has been rated as _____ % in previous exam. He is expected to get through in annual examination of class _____ securing more than _____ % marks.

Note: Cutting, omission and erasing in Date of Birth is strictly prohibited.

g) Name of School in which studying: _____

Name of Headmaster / Principal: _____

Contact No. _____ Date: _____

Signature & stamp



22. CHECK LIST

FOLLOWING DOCUMENTS MUST BE ATTACHED WITH THE APPLICATION FORM

(TICK ✓ OR CROSS X)

1.	06 - passport size photographs (paste only one photograph on admission form)	
2.	02 - attested copy of computerized National Identity Card (CNIC) of father	
3.	Attested copy of B-Form (issued by NADRA), birth certificate is not acceptable	
4.	Attested copy of local/domicile certificate of candidate or father	
5.	Attested copy of the admission withdrawal register of concerned School or 6 th class passed certificate	
6.	Duly filled postal address slips	

23. UNDERTAKING

- a) I undertake to accept the result of the Entrance Written Test, Interview and the Medical Examination Report by CMH without any reservation. I shall not question the result in any manner and shall not indulge in any correspondence/suit about them in department and court of law respectively.
- b) I have gone through all rules and regulations and fee structure of the College as laid down in the College Prospectus. I undertake to abide by all rules, regulations and decisions by college.
- c) I also undertake that any effort to influence the authorities during the admission process and false information will amount to my disqualification.

(Signature of Father/ Guardian)

(Signature of Candidate)

Date: _____

Date: _____



24. IMPORTANT INSTRUCTIONS

- a) Any false information in the Admission Form shall render the boy's candidature **CANCELLED AT ANY STAGE** of admission.
- b) Admission form complete in all respects be sent at address mentioned in the advertisement.
- c) The Admission forms received after due date shall not be entertained
- d) Incomplete / Wrongly filled up Admission Form, of those who are overage/underage and missing of any of the documents which is supposed to be attached herewith, Shall not be entertained, the Registration and Admission Fee will **NOT** be refunded.
- e) Ensure that Candidate's name and date of birth is entered correctly, as it **CONNOT** be changed.
- f) Write your postal address carefully. In case of any change in address College should be informed well in time. In any miscommunication, or late delivery of any document sent to the candidate, College is not responsible. For convenience candidate can contact the College in admission season.
- g) Fill the Address slips clearly and attach with the Application Form.

25. DECLARATION

- a) I hereby declare that my son /ward has not been suffering from any chronic / contagious disease such as HIV, Hepatits, Diabetes, Cardiac Trouble, Asthma, T.B. or any such disease etc.
- b) If found otherwise, his admission to the college is liable to be cancelled at any time during his stay in the College.

(Signature of Father/ Guardian)

(Signature of Candidate)

Date: _____

Date: _____



CADET COLLEGE KOHLU

(MEDICAL EXAMINATION REPORT BY CHM)

Note: This form duly filled and authenticated by CMH will be required at the time of interview of successful candidates in entrance written Test.

I hereby certify that I have examined Mr. _____

S/O _____

PART I PROFILE / (SIGNS)

Age _____ (Verifide by the Dentist) (Sign) _____

Height _____ Weight _____

BP _____ pulse _____

Identification Mark _____

Chest Normal _____ Chest with expansion _____

PART II VISION

With Glasses

Right (_____ / _____)

Left (_____ / _____)

E.N.T (examine) _____

General Organs (examine) _____

Special Comments (if any) _____

Without Glasses

Right (_____ / _____)

Left (_____ / _____)

PART III REPORTS

Note: Bring and submit these test reports in College Admission Section (when called for interview)

1) Chest X-Ray P.A view with report

2) Blood Group (tick the following box)

A+

A-

B+

B-

O+

O-

AB+

AB-

3) Blood Sugar

4) Blood C.P

5) Hepatitis - B & C (test report)

6) Urine D.R (test report)

7) Eye - sight (test report)

8) HIV (AIDS) (test report)

Fit

Unfit

MEDICAL OFFICER
CMH

Dated: _____



CADET COLLEGE KOHLU

PSYCHIATRIC EVALUATION FORM

(To be filled by a qualified Psychiatrist through detailed psychiatric examination)
INSTRUCTIONS: The candidates are only examined at CMHs of the under mentioned cities:
Quetta, Khuzdar, Multan, Lahore, Rawalpindi, Karachi, Hyderabad, Pano Aqil,
Peshawar, Kohat and Abbottabad

I. Personality Assessment: _____

II. Any Apparent Psychiatric illness: _____

Dated: _____

MEDICAL OFFICER/
PSYCHIATRIST
CMH

NOTE: If any medical disability found at later stage (after reporting date), the College administration reserves the right to cancel the allotted seat without notice.



CADET COLLEGE KOHLU

PLEASE WRITE YOUR POSTAL ADDRESS (IN CAPITAL LETTERS)
ON ALL THE SLIPS BELOW FOR CORRESPONDANCE

REGISTERED / UPC

Candidate's Name _____

Address: _____

Contact Numbers: _____

REGISTERED / UPC

Candidate's Name _____

Address: _____

Contact Numbers: _____

REGISTERED / UPC

Candidate's Name _____

Address: _____

Contact Numbers: _____

REGISTERED / UPC

Candidate's Name _____

Address: _____

Contact Numbers: _____