Form Serial No.	

10. Telephone Number:

Institue of Space Technology KICSIT Kahuta Campus

P.O. Box 502, Rawalpindi.

Please paste your recent Passport size

Photograph

Page 1 of 4

	an Institute	Information									ADMI							du	ılv a	ittest	ed	
	Ex d & Ja · ABOIC	Please give your preference by allotting numbers (1st, 2nd, 3rd) and signature in the given box(es) for Fall Session											duly attested by a gazetted officer on									
	Program	Preference	Signature o	f Applic	cant	~ .		Prog	rams		Signatu	ture of Applicant								er oi e side		
Fall	BSCE BSCS			Spri	ing	BSC	S											Siuc				
SE	MESTER: Spring Fall Year: 2 0										2	J										
	~	KICSIT 1	No.							Reg	g. No. if	adn	nitte	ed				-				
For o	office use	Admiss	sion No.					A	dmiss	ion	Date				-			-	2	0	2	
Instru	ctions: Pl	ease follow th	nese instructi	ions car	efully							D	D)		M	M		Y	Y	Y	Y
2. Pastu 3. Fill 14. Subr DAH the II 5(a) Ger OR I *Cand credi 5(b) Ger (i) Martin 6. Fee 3: C7. Che 8. BSC 9. The C	e one recent the form cor mit four mor E Result Car nstitution las teral Eligibility HSSC Pre-Mei idates with FS t hours, within teral Eligibility atric/ Equivaled all marks (iii) M Category: Others (Gene tecklist of req	having NTS erence once s	otograph(whencomplete A) complete A) compl	ite Bacl pplicati h white if alread jult awa i) Matric num 50% qualificat n minimu arks in E ree(Sr. N n on the	kgroud back dy tak iting: / Equi 6 oversion en m 60% ntry T No. 27	ind) orms grouken) of for fi ivalen all ma rolled ma fest ac mu page aken)	on the will and (A only inal ying the Certarks* din Barks the e, plean) shou	not k Atteste for By year pl tificate (iii) No S Com i)FSc F able for filled ase er uld be	pe product of the pro	cess Back ppli Iso a SC/ Test cien Chi hese	sed. c Side), a cicants, Prattach a c Equivalent Required ce programmer ICS/ Id of Strate are encannounce	covisicopy It with I m wil DAE	iona of y h Ma l hav // Equ c Or	l and our then e to uival g. E	d Cl Finanation clean lent (haradal Yes with r defi	cter ear Fear Fear Fear Fear Fear Fear Fea	Cert Roll I nimu t Mat t with	ifica: No. S im 50 thema h min	tes is: Slip). % ove atics co	erall ourse 60%	by marks of 6
EDU	CATION:																					
	nination assed	Year	Roll No.	Grade	CGPA		Name of School/ College						Name of Board Majo							Iarks taine		age of
Matriculat	tion/O-Level								Ü													
	ediate with nematics																					
		your family	currently	studyin	g at l	KIC:	SIT?	Ye	s 🗌 1	No [If yes	s tha	n sta	ate:							_	
Name:									tion N													
Semes	ter:						Clas															
2. Full	Nama	(Use bloc	k letters and words	s separated b	y blank	s)	1			1						ı						
Z. Full	Name.																		Ш			
3. Fath	er's Name:																					
4. CNI	CNIC No (Write your own CNIC No. or B Form No.)																					
5. Date	. Date of Birth: D D M M Y Y Y Y 6. Gender: Male Female																					
7. Reli	gion:								8.	Sec	et:											
9. Bloc	od Group:								M	lobi	le 0 3	s numb	er acti	ve for	comn	nunicat	tion)	\top				

11. E-	Mail (M	andato	ry)																										
12. Pre	esent A	ddres	ss:																								\prod	\prod	
																									-	_	+	\dashv	_
																										Ш			
13. Pe	rmanen	t Ado	lress:																								\prod		
-				_																						_	+	+	
14. Un	nion Co	uncil	:															$\frac{1}{1}$					<u> </u>			\pm	\pm	\pm	၂
15. City/Town/Village:																\perp										 	\pm	\pm	
16. Tel	hsil/Tal	uka:																							Ì		Ī	Ī	
				(Provid	de Age	ncy Nan	ne in cas	e of FA	TA)									_											$\overline{}$
	strict/A			<u>L</u>									<u> </u>													\perp	ᆜ	ᆜ	
	ovince:		Punja			indh					htunl				North				Balc					git/B					JK
19(a).	9(a). Domicile Province														—														
20. Fa	ther's C)ccup	oation	ı:								<i>'</i>	21. F	ath	er's (CNIC	C No					-					\prod	-	
22. Fa	ther's N	Mobi	le No									_	23(a). F	athe	r's/G	ard	ian's	NT	N N	0								
23(b).	Father	's/Gu	ıardia	n's l	Fax	No.	& E	E-Ma	ail:																				
24. S	Sibling	gs R	eco	rd:																									
D	etails al	oout	your	brot	her	s and	l sist	ers:																					
		Nam	ie			Ag	ge	School/College/University (If still studyingh) Annual Fee (in Rs) Scholars (in Rs)								aini arsl Rs)	ing Parents' Contribution (in Rs)												
																				(222	110)								1
							+								+														
																													-
							+								+														_
25. Ac	cademi	c Inf	orma	tior	1:																								
Colle	ge last	atte	nded	l:	Col	lege	fron	n wł	nere :	you	appe	ared	for I	HSS	С/Г	AE	Boar	d ex	am.										
a) Colle	ge N	lame	:																									
							1																						
b) Colleg	e Co	ntact	No.		(Area c	oae Iel	ephon	Numb	er)																	\Box	\Box	
) Colleg														1							$\overline{\Box}$			\top	\forall	十	\dashv	\exists
ĺ														Τ	Τ											\perp	\perp	\pm	

Name of the Test Roll No.					Exam Taken on Where Taken						;	Score	9		5	core	core Valid Till						
7	1.	1.0	37.45																				
I have already ap Date of Test	plie		r NAI Roll Nu			icted		ame of	Tost	VAT_(I	ЕЛС	2						Cente	\r				
Date of Test		- 1	XOII I VU	umbei			11	anic or	TCSt .	1711-(1	.E/IC								.1				
I have not applied	for	NAT	yet ar	nd wo	uld like	to tak	te the N	IAT tes	st to b	e held	on da	ite an	noun	iced b	y the	KIC	SIT.						
ote: For this you			•				_		•	•	_		•	•), it w	ill be	se		
NTS and you will b																							
. Particulars of 1	par	ents	of ch	nildr	en of K	KRL (or SP	D con	troll	ed or	gani	zatio	on (F	Pleas	e fill	it co	omp)	letel	y):				
No.			Na	ame										De	esigna	ation							
y Scale					Div	ision							Org	ganiz	ation								
S, BPS, Fixed Pay)				- C			,														—		
atus Regular/Con	$\overline{}$	ct/Re	etired	Om	ce Con	tact N	No.				1								I				
esidential Address	5																						
ote: Bonafide	certi	ificat	e to the	his ef	fect from	n Em	ployer	Organ	 nizati	on is r	 equir	ed. S	ecuri	ity pe	rson	from	SPD	sho	uld s	ubmi	t		
eir service certifica irector Works CWC		from	n com	mand	ler secu	rity g	roup a	nd CW	O en	nploye	es sh	ould	subn	nit th	eir se	rvice	cert	ifica	tes fr	om			
. a)							LAR																
I																							
Dr. A. Q. Khan student, I accept																							
I shall be punctuated me from time to									es and	l take	all tes	ts/exa	amina	ation	and c	ompl	ete as	ssign	ments	give	n t		
I shall faithfully a				•					all act	under	all ci	rcum	stanc	es in a	a man	ner v	hich	unho	olds tl	ne dis	nit		
and traditions of	Dr. 1	A. Q.	Khan	Instit	tute of C	ompu	ter Sci	ences &															
in any unhealthy I agree that the		•		•	•				l tha	mattar	g of t	ha In	atitu	to									
																				2			
I also certify the be otherwise, it																l und	ersta	nd th	at if	toun	.d t		
					,																		
														Dat	e:	Sig	natu	res o	of Ap	plica	ını		

уууу

mm

dd

	b)	DECLARATION BY THE PARENT / GUARDIAN
1.	I	Father or Guardian of hereby
		my son/daughter/ward is our mutual responsibility and I solemnly assure that I shall remain in constant h the Institute in connection with the academic progress, conduct and behaviour of my son/daughter/ward.
2.		d that my inability to attend the Institute, as and when required, will authorise the Director to take ecision in respect of my son/daughter/ward and that it shall be binding on me under all circumstances
Dat	ed:	Signature of Parent/Guardian
		Contact Phone No
CII	IECKI IST	OF THE DECLIDED DOCUMENTS.
		OF THE REQUIRED DOCUMENTS: c following with this form:
]	Attested Attested Deposit Attested NTS (N Copy of Bonafide enquiries c Phone No. (03) Fax No. (051) E-mail Addre	th attested passport size photographs with White Background (one attested on front and Four on backside). copies of documents mentioned in Instruction (4). copies of SSC Result Card, HSSC Part-I Result Card & HSSC Final Mark Sheet. Slip of Processing fee and NTS Registration Fee. copy of CNIC of your Parent/Guardian. AT-I) valid score, if test already taken. See Instruction No. 9 only for BSCE Applicants. applicant's CNIC or Form B. certificate of service from parents working in KRL or Strategic Organizations. ontact us at: 51)-9285187, (051)-9285059 -9285245 ss: admissions@kicsit.edu.pk v.kicsit.edu.pk
You KIO Aco App NT	CSIT Account count Title: K plication Proce S Registration	n any branch of Askari Commercial Bank or by easypaisa with following details. No 01761650500136 ICSIT -KRL Kahuta essing Fee Rs.2000/- (if not already taken) (only for BSCE Applicants) Fee Rs.850/-
		e completed application form By Post / By Hand on following Address.
Ac	lmission Offi	ce: Dr. A. Q. Khan Institute of Computer Sciences & Information Technology ata, Post Office Sumbalgah, Kahuta - 47320, District Rawalpindi