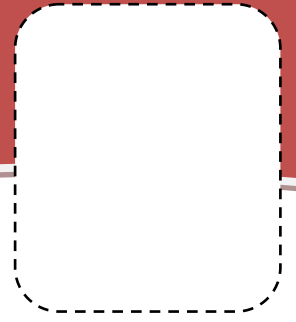


# ADMISSION FORM

## SINDH INSTITUTE OF MUSIC & PERFORMING ARTS JAMSHORO.



FORM # \_\_\_\_\_

Roll # \_\_\_\_\_

### Admission Form

| Name of Course | Duration |
|----------------|----------|
|                |          |

### Personal Information

|               |  |
|---------------|--|
| Name          |  |
| Father's Name |  |
| CNIC #        |  |
| District      |  |
| Taluka        |  |
| Address       |  |

### Parent / Guardian Information

Name: \_\_\_\_\_ Relationship with Candidate: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### Academic Information

| Qualification Title | School / University | Passing Year | Grade | Remarks |
|---------------------|---------------------|--------------|-------|---------|
| Matriculation       |                     |              |       |         |
| Intermediate        |                     |              |       |         |
| Graduation          |                     |              |       |         |

## Documents to be Submitted with form

- 01 Copy of CNIC.
- 02 02 Passport Size pictures
- 03 Matriculation Pass Certificate ( Pacca Certificate ) / Marks Sheet
- 04 Copy of Domicile and PRC C- FORM

## Undertaking by the Students

I, \_\_\_\_\_ S/O, D/O, W/O \_\_\_\_\_ do hereby solemnly declare that:

- 1. The information provided in my application form and the documents attached are true and correct.
- 2. If the institute finds the information fake or fabricated, it has a right to cancel my admission without any notice.
- 3. I assure that I shall attend 90% of my classes with punctuality.
- 4. I will pay my fees in due time. In case of late payment, I am bound to pay late fees as per policy of Institute.
- 5. I am responsible citizen and understand the rules, regulation and policy of the Institute and bound to abide by the same.

**Signature & Name of the Applicant** \_\_\_\_\_

## For Office Use Only

Mr / Ms. \_\_\_\_\_ is \_\_\_\_\_

Recommended / not recommended for admission.

\_\_\_\_\_  
Office Superintendent

\_\_\_\_\_  
Head of the Course

\_\_\_\_\_  
Director