



SAPS AVIATION COLLEGE

A SUBSIDIARY OF SHAHEEN FOUNDATION, PAF

REGISTRATION / ADMISSION FORM

Reg. No. _____
(to be filled in by the office)

Photograph
(1 in x 1 in)

Course applied for: _____

1. PERSONAL INFORMATION

(Fill the form in your hand writing in capital letters)

Name

S/O/D/O

Nationality Date of Birth:

CNIC No.

Place of Birth: _____ Email: _____

Ph. (Res) Cell No.

Postal Address: _____

2. EDUCATIONAL / PROFESSIONAL QUALIFICATION

FROM	TO	INSTITUTION	CERTIFICATE / DEGREE	SUBJECTS	MARKS	GRADE

3. UNDERTAKING

I hereby declare that information given is correct to the best of my knowledge and belief. I understand that false information given by me can make me liable to be removed from the course and forfeiture of fees.

Date: _____

Signature: _____

4. DOCUMENTS REQUIRED

- a. Copy of Degree & Marks Sheet
- b. Copy of HSC Certificate & Marks Sheet
- c. Copy of SSC Certificate & Marks Sheet
- d. Copy of CNIC
- e. Two current photographs (1 in x 1 in)
- f. Rs. 1500/= in cash as registration charges

Note: You are required to show the original documents and original CNIC at the time of submission of this form.

5. CURRENT EMPLOYER

- a. Company Name _____
- b. Company Contact No _____
- c. Date of Employment _____
- d. Designation _____

From where did you hear about us:

<input type="checkbox"/> News Paper	<input type="checkbox"/> Pamphlet
<input type="checkbox"/> SMS	<input type="checkbox"/> Banner
<input type="checkbox"/> Face Book	<input type="checkbox"/> Google Search
<input type="checkbox"/> Friend / Relative	<input type="checkbox"/> Aviation College Staff *

* Name of College staff : _____

FOR OFFICE USE

Acceptance as a trainee: _____

Date: _____

Signature: _____

SAPS Aviation College, SAPS Complex, JIAP, Karachi, 75200.

Phone : 021-34571809 & 021-99248503

Web: www.sapsac.com.pk

Email: info@sapsac.com.pk | training@sapsac.com.pk