

6. **Certificate of Father of Candidate** (Attach an attested copy): -

This is to certify that Mr. _____ Father of _____
Is a legal resident of _____ District/Agency _____

Seal of Office

Signature of DCO/Political Agent /
Govt. Gazzetted Office

7. **APPLICATION OF QUOTA**

KP/FATA	ALL PAKISTAN	GILGIT/CHITRAL	BALUCHISTAN	ARMED FORCES	COLLEGE STAFF

NOTE: Armed Forces Personnel will provide a complete detail of **Service** from their Unit/Formation.

UNDERTAKING

I, _____ along with my son/ward _____ solemnly undertake to accept the results of Entrance Examination and Interview, conducted by Karnal Sher Khan Cadet College Swabi without any reservation. I or anyone else related to me directly or indirectly in any manner, whatsoever, will not question these results and the decision of the **COLLEGE**, in any manner or in any Court of Law and shall not indulge in any correspondence directly or indirectly in this connection.

Signature of Candidate

Signature of Father/Guardian

INSTRUCTIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING IN THE FORM

1. Application form and photographs must be **attested by the Principal/Head of School** in which the candidate is Studying. Once the date of birth is recorded on the application form, it will NOT be **changed/corrected**.
2. **Legal Guardian of the candidate can only sign** the application form in case the father of candidate is dead or serving abroad.
3. Typed/photo copy of application form will NOT be accepted.
4. E-mail address is **kskccs@gmail.com**.
5. For queries and details you may visit College Website at **www.kskccs.edu.pk** or contact Director of Studies at (0938-430535)
6. Please attach **three self-addressed registered envelopes** for our future correspondence. Write your own address on each envelop boldly and clearly. Same shall be used for issuing Roll No., Entry Test Call Letter.
7. **Fill in attached forms correctly and ensure the photos are duly affixed on each.**
INCOMPLETE APPLICATION FORM WILL NOT BE ENTERTAINED. DO KEEP A PHOTO COPY FOR YOUR RECORD AND FUTURE REFERENCE.

FOR OFFICE USE ONLY:

Roll Number _____ Eligibility criteria _____ Exam Center _____

Interview station _____ Quota seat _____ Deficiency _____

Dealing Clerk: Name _____ Signature _____

Checked by OIC Form scrutiny committee: Name _____

Signature _____

Date _____