



Attach 1
Photo of 1.5
x1.5 size duly
attested

SST PUBLIC SCHOOL, RASHIDABAD
ADMISSION FORM

HSSC-I (Class-XI)

Session: 2025-26

Group: Pre-Medical ☐ Pre-Eng ☐ Sci .G ☐ I.Com ☐

1. Test and interview shall be conducted at SST Public School, Rashidabad Tando Allahyar.

2. Name: _____

3. Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 4. Student's C.N.I.C #: _____

5. Place of Birth: _____ 6. Domicile: _____

7. Religion: _____ Sect _____ Mother Tongue: _____ Nationality: _____

8. Father's Name: _____ Father's CNIC # _____

Father's Designation/Occupation _____ Monthly Income: _____

Father's E-mail Address: _____ Present postal address: _____

PTCL # (with city code) _____ Mobile: _____

Permanent Address: _____

9. NADRA death certificate of father (if deceased)

10. Legal Guardianship Certificate Name: _____

City _____ District _____

Permanent address of guardian: _____

PTCL # (with city code) _____ Mobile: _____

11. Bank Draft/Pay Order No. _____ Dated: _____ of Rs. 2000/- in favor of Sargodhian Spirit

Trust Public School Rashidabad, **Meezan Bank Account # 89010101094183.**

I N S T R U C T I O N S

- Application form, duly completed in all respects, must be accompanied with the following:
 - ◆ Four 1.5"x 1.5" size photographs of the candidate.
 - ◆ Smart Card (C.N.I.C)
 - ◆ Copy of C.N.I.C of parents / guardian.
 - ◆ Bank Draft of Rs. 2000/- (Non-refundable)
- Following attached forms duly completed:
 - a). Fee & Conditions b). Medical Information Form c). Family Information Form
- Application form must be sent through Courier / Registered AD post/ by hand.
- Incomplete applications forms shall not be entertained.
- Processing fee is to be submitted via Bank draft in favor of *Sargodhian Spirit trust Public School Rashidabad*.
- **Undertaking form, O-Level /IGCSE Certificate, matric certificate with mark sheet and migration certificate will be demanded from selected candidate only.**

UNDERTAKING

I/We solemnly declare that the information provided in this form is correct to the best of my/our knowledge and belief and nothing has been concealed. I/We further undertake that the results of Entrance Test and Interview, conducted by SST Public School / any testing agency will be accepted by me/us without any reservation. I/We or anyone else related to us (directly or indirectly) in any manner, will not question the results and decision of the Principal SSTPSR in any Court of Law.

<u>Name & Signature of Father</u>	<u>Name & Signature of Mother</u>	<u>Name of one individual to be contacted in absence of parents</u>
Signature: _____	Signature: _____	1. Signature: _____ Relation: _____
Name: _____	Name: _____	Name: _____
Mobile: _____	Mobile: _____	Mobile: _____

Name any close relative who is / has been a student of SSTPSR

School Number	Name	House	Relation with Candidate

FOR OFFICE USE ONLY

<table style="margin: auto;"> <tr> <td style="text-align: right;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: right;">Target Date</td> <td style="text-align: center;">2025</td> <td style="text-align: center;">06</td> </tr> <tr> <td style="text-align: right;">DOB</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: right;">Age</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> <p style="text-align: center; margin-top: 10px;">Underage / Overage</p> <table style="margin: auto; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>y</td><td>y</td><td>Y</td> </tr> </table>	Year	Month	Date	Target Date	2025	06	DOB			Age			D	D	M	M	Y	y	y	Y	<p>Attachment / Requirement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Form complete in all respect <input type="checkbox"/> 4 Attested Photographs <input type="checkbox"/> Bank DD of Rs. 2000/- <input type="checkbox"/> Matric Certificate <input type="checkbox"/> Smart Card <input type="checkbox"/> Vaccination Certificate <input type="checkbox"/> Copy of Parents C.N.I.C <input type="checkbox"/> Fee Form <input type="checkbox"/> Medical Form <input type="checkbox"/> Family Information Form 	<p style="text-align: center;">Received & Checked by</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 10px;">Roll No.</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
Year	Month	Date																				
Target Date	2025	06																				
DOB																						
Age																						
D	D	M	M	Y	y	y	Y															

Medical Information Form
(To be filled in by Parent / Guardian)
USE BLOCK LETTERS

Name of Applicant _____
Date of Birth: (D-M-Y) _____ Blood Group _____ Name & Phone number of family physician _____
Emergency telephone# _____

VACCINATION RECORD

	Date		Date
Diphtheria	Yes/No _____	Hepatitis B and C	Yes/No _____
Polio	Yes /No _____	Meningitis	Yes /No _____
T.B.	Yes /No _____	Measles, Mumps, Rublia	Yes /No _____
Pertussis	Yes /No _____	Other (name)	Yes /No _____

MEDICAL HISTORY

Any allergy (food, medicine etc.) _____
Any chronic illness/disability (Asthma, Diabetes, Mental Illness, Epilepsy etc.) _____ Any operation/surgery _____
Any dietary problem/ requirement _____
Any sleep disorder _____
Any behavioural problems e.g. Bed wetting, Thumb Sucking, Nail Biting, Breath Holding, Stammering or any other _____
Any learning difficulty _____

FAMILY HISTORY

	Age (Year)	Condition of Health
Father	_____	_____
Mother	_____	_____
Siblings	_____	_____
	_____	_____
	_____	_____

Diabetes	Heart Problem	High Blood Pressure	Stroke
Kidney Disease	Tuberculosis	Cancer	Arthritis
Anaemia	Epilepsy	Migraine	Mental Illness
Any other information _____			

Signature of Parent / Guardian
Indicating acceptance of conditions



Family Information Form
(To include Mother, Brothers and Sisters Only)

S.No	NAME	Age	Relationship	Marital Status	Occupation

Signature of Parent / Guardian
Indicating acceptance of conditions

FEES & CONDITIONS

(Subject to revision without notice)

Fee for the academic year would be collected in two equal instalments. In case of non-payment by the due date, a fine @Rs. 100 per day will be charged. After a grace period of 30 days is over, the student's name would be struck off. In case the student wishes to continue his studies at SSTPSR, a re-admission fee @ Rs. 60,000 would be paid along with the outstanding dues.

ADMISSION FEE

Table "A"

Session 2025-26 fee will be charged bi-annually				
Term	Period	Due-Date		For HSSC
1 st Term	July—December	10 th June		Rs. 228, 750/-
2 nd Term	January—June	10 th December		Rs. 240, 250/-
Total Annual Fee				Rs. 469, 000/-

Table "B" (one time charges)

Registration Fee (Non-Refundable)	2,000/-
Admission Fee (Non-Refundable)	60,000/-
Building Fund (Non-Refundable)	30,000/-
Endowment Fund (Non-Refundable)	20,000/-
Security (Refundable)	25,000/-
Total	137, 000/-

Note:

- **WITHHOLDING TAX: 5% OF FEE SHALL BE PAYABLE ALONG WITH THE FEE OF TERM.**
- **FEES ONCE PAID IS NOT REFUNDABLE AND THE MANNER OF THEIR SPENDING IS NOT ACCOUNTED TO/FOR THE PARENTS.**

Note: Fee will increase 5% with effect from January every year

Signature of Parent / Guardian
Indicating acceptance of conditions



Other Expenses

- Clothing, footwear, books & stationery, pocket money travelling, telephone & postage, photographs, movie, various other club memberships, Cambridge registration/external examination fee etc. will be charged in addition to the above, individually on actual consumption basis.
- These charges may also increase during the session, as and when required.
- The fee may increase by up to 5% every year.
- If a student is expelled from the school on any ground, full fee for that year will be charged.
- If parents ask for the withdrawal of the student during the year, full fee for the year will be charged.
- If parents are living abroad, they are to nominate a guardian in the country to act on their behalf.
- Necessary yet basic health facilities will be provided to all students, within the school complex, free of cost. However, any kind of hospitalization will be charged to the parents. Parents are advised to hold medical / hospitalization insurance cover on behalf of their child in the school.
- If a student requires treatment, every effort will be made to obtain the prior consent of a parent / guardian. Should this be not possible in the time available, the Principal or House Master, acting in loco parentis (acting in the place of a parent / guardian) is authorized to give valid consent to such treatment (including anaesthetic or operative) as may be recommended by the school doctor or his locum (temporary substitute).
- Damage to or loss of school property would incur a charge.

Travel to / from the School:

- ♦ On initial joining, this will be the responsibility of the parents.
- ♦ After joining, the school will facilitate traveling arrangement for those students, whose parents so desire; this facility will be charged to the parents.

Method of Payment:

By Bank Draft or Pay Order payable to **Sargodhian Spirit Trust Public School, Rashidabad. Meezan Bank, Account # 89010101094183.** Drawn against the local branch of any Bank in Tando Allahyar.

Signature of Parent / Guardian
Indicating acceptance of conditions

