



FATIMIYAH HIFGER EDUCATION SYSTEM

(Affiliated with University of Karachi)



021-32233275 (Ext 371)



@ admissions@fhes.fen.edu.pk

Affix passport size
photograph with blue
background

ADMISSION FORM (AD 2 – Years Programmes)

FOR OFFICE USE ONLY

FORM NO.: _____

REF. NO.: _____

GR.NO.: _____

COURSE

EDUCATION

COMMERCE

Tick (✓) whichever is applicable

NAME (IN CAPITAL) (As Per Matriculation Certificate)																					
FATHER'S / GURDIAN NAME																					
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE																		
DATE OF BIRTH	<table><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>			-			-					PLACE OF BIRTH									
		-			-																
CNIC No.	<table><tr><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></tr></table>								-								-				
					-								-								
JCIC No.	<table><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table>							-					-					-			
				-					-					-							
NATIONALITY			RELIGION																		
ADDRESS FOR CORRESPONDENCE																					
	PIN:		Tel No. with STD code:																		
	Email:		Mobile No.:																		
CONTACT PERSON (In case of emergency)	Name:		Mobile No.:																		
	Address:		Tel No. with STD code:																		
	Relation:		Occupation:																		

Tuition Fee Mode	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMESTER-WISE
-------------------------	---



Educational Qualification (Starting with Intermediate Degree) attach photo copies of all mark sheets & certificate.

Examination	School / College	Board / Institute	Group	Year of Passing	% Marks/ CGPA	Rank in Class/ University
Intermediate/A-Level						
Matric/O-Level						
Any Other						

Employment Details (fill the details if you are currently employed) attach experience certificate or offer letter.

Name of Institute/ Organization	Designation/ Level	Sector (Government / Private)	Specialization	Duration

UNDERTAKING

I, the undersigned candidate, hereby solemnly declare and agree to the following terms and conditions:

- I declare that the information provided in this application is correct and accurate, and I take full responsibility for any incorrect information.
- I agree to abide by the **rules and regulations of FHES**.
- I understand that the continuation of any fee waiver or scholarship granted to me is **contingent upon maintaining the required academic performance**. Failure to meet the specified academic criteria may result in the **revocation or reduction of financial aid**.
- I acknowledge that my scholarship or fee waiver is also conditional on my **adherence to the campus code of conduct**. Any violation or unacceptable behaviour may lead to the **termination of my financial aid**.
- I agree that my academic performance and overall behaviour will be subject to **periodic review by the administration**. Continuation of financial support will depend on **satisfactory performance in both areas** throughout my time at the institution.
- I understand that it is my responsibility to **meet all the academic and behavioural expectations** set by the institution. Non-compliance with these standards may result in the **immediate suspension or cancellation of any financial benefits**, including fee waivers or scholarships.

Date: __ / __ / 20 __

Candidate's Signature

FOR OFFICE USE

The candidate is ☐ **recommended** ☐ **not recommended** for admission in AD Programme.

Reason for Non-Recommendation:	
---------------------------------------	--

Documents Required	Yes	No	NR (Not Required)
Copy of Matric Mark Sheet (or O-Level equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Matric Certificate (board office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Mark Sheet (Original) Or Copy of Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of CNIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of JCIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migration Certificate Original (If other than Sindh Board)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equivalence Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four Passport Size Photographs (with blue background)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: __/__/20__

Coordinator

Date: __/__/20__

Head of Department – AD

Date: __/__/20__

Executive Director – FHES

