



SAPS AVIATION COLLEGE

A SUBSIDIARY OF SHAHEEN FOUNDATION, PAF

REGISTRATION FORM

Reg. No. _____

(to be filled in by the office)

Photograph
(1 in x 1 in)

Course applied for: _____

PERSONAL INFORMATION

Please read the instructions on the back of this form.

Name

S/O/D/O

Nationality Date of Birth:

CNIC No.

Place of Birth: _____ Email: _____

Ph. (Res) Cell No.

Postal Address: _____

EDUCATIONAL QUALIFICATION

FROM	TO	INSTITUTION	CERTIFICATE / DEGREE	SUBJECTS	MARKS	GRADE

PROFESSIONAL QUALIFICATION (COURSES ATTENDED)

FROM	TO	INSTITUTION	COURSE/PROGRAM	CERTIFICATE / DEGREE

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: _____

INSTRUCTIONS FOR APPLICANT

Fill the form in your hand writing in capital letters.

1. Please attach the following with the registration form:

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

2. You will be required to show the original HSC Marks Sheet and CNIC at the time of submission of this form.

FOR OFFICE USE

Acceptance as a trainee: _____

Date: _____

Signature: _____

Type	DD / PO Number	Signature of official receiving payment	Date	Signature of Accountant SAPS
DD / PO				
DD / PO				
DD / PO				
DD / PO				
DD / PO				
DD / PO				

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

Phone: 021-34600010, 0335-2133347

Web: www.sapsac.com.pk

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