



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.

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: _____

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				

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