



College of Commerce Sultana Foundation

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 principal.cocsf@sultanafoundation.org www.sultanafoundation.org/coecs

Admission Form

I. Com-IT ADC-(B.Com) M. Com

Session _____

No. _____

1. Applicant should fill up all the entries in his/her own hand writing.
2. Attach all the required testimonials as per check list
3. Incomplete admission forms will not be accepted, if any part / column is not applicable, write N/A against it.
4. Any candidate found to have made false or incorrect information in this form is liable to expulsion

01	Applicant (In Block letters)	Name <small>(as per SSC Certificate)</small>											
		Contact No	Cell 1:	Date of Birth DD/MM/YYYY			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Cell 2:	Gender:		Male		<input type="text"/>					
		E-mail:	<input type="text"/>					Female		<input type="text"/>			
		Religion	<input type="text"/>					Nationality		<input type="text"/>			
		Domicile	<input type="text"/>					Marital Status		<input type="text"/>			
		CNIC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

02	Father's (In Block letters)	Name <small>(as per SSC Certificate)</small>										
		Occupation	Contact No.			Work:						
		Designation				Home:						
		Annual Income				Cell:						
		CNIC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

03	Guardian (If father deceased)	Name of Guardian:										
		Relation with Applicant	Contact No.			<input type="text"/>						

04	Permanent Address	<input type="text"/>									
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05	Address for correspondence	<input type="text"/>									
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07	Person to be notified in case of emergency	Name	Relationship								
		Address									
		Emergency Contact Nos									

		Academic Record						
	Exam passed	Year	Annual/Supply	Board/University	Subjects	CGPA/Marks		Division
						Total	Obtained	
08	SSC/O' Level							
	Intermediate/A' Level							
	ADC ^(B.Com)							
	Masters							
	Others							
	Entry Test							
	Have you ever been removed or expelled from any institution?		No	Yes	If yes, give details			
Have you ever been convicted?		No	Yes	If yes, give details				
Have you ever admitted in any department of University of the Punjab? If yes, give details (Only for B.Com / M.Com)		No	Yes	Department		Program		
				Session		Reg. No.		
Are you employed? If yes, give details		No	Yes	Designation		Income		
				Organization				
09	Co-curricular Activities (If any)	Name of Activity		Prize/ Position		Awarded by		
10	Other Information	<p>1. Details of brothers /sisters studying in any institute of Sultana Foundation (if applicable)</p> <p>i. Name:_____ Class_____ Institute_____</p> <p>ii. Name:_____ Class_____ Institute_____</p> <p>2. If any of your relative working in system of Sultana Foundation then give details about him/her</p> <p>Name:_____ Department:_____</p> <p>Designation_____ Relation with candidate:_____</p>						

UNDERTAKING

I, Mr. / Ms. _____ S, D/o Mr. _____ do here agree to:

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1. Abide by all applicable rules of the Board/University and College of Commerce Sultana Foundation.
2. To abide by the College discipline and wear the College I.D Card all the time while at the campus.
3. Pay all contributions / dues as prescribed by College / Sultana Foundation in time.
4. Not to hold the College Administration responsible for accident (if any) during my stay in College including during educational visits and College transportation.
5. Not to indulge in any unethical activities or behave in a manner which may be against the discipline of the College / Sultana Foundation as decided by the College.
6. I certify that information given in this form is correct.

In case of failure to abide by the above undertaking I shall be liable for disciplinary action.

Signature of Applicant

I allow my son / daughter to undertake studies as requested in this Form **(Father / Guardians)**

Name: _____ CNIC # _____ Date: _____

Signature of Father/ Guardian

For Office Use Only

i.	Form received & checked by	Name _____	
		Sign. _____	Date _____
ii.	Date of Admission	_____	Admission Approved by
	Accountant	In-charge RRA	
	_____	_____	
		Registration No.	

Remarks

Check List

Please attach 2 attested photocopies of the following documents and tick the relevant box as well:

1. SSC/ O' Level	<input type="checkbox"/>
2. FA/F.Sc/ ICS/ I.Com/ A' Level/ DAE	<input type="checkbox"/>
3. ADC ^(B.Com)	<input type="checkbox"/>
4. Masters	<input type="checkbox"/>
5. Character Certificate of last attended institute	<input type="checkbox"/>
6. Own CNIC	<input type="checkbox"/>
7. Father or Guardian's CNIC	<input type="checkbox"/>
8. Four Photographs (1.5" × 2")	<input type="checkbox"/>
9. Domicile Certificate	<input type="checkbox"/>
10. Migration Certificate (if applicable)	<input type="checkbox"/>
11. Co-curricular activities certificate	<input type="checkbox"/>
12. NOC from the Employer (if applicable)	<input type="checkbox"/>