All Pa	kistan M	lemon Fe	derati		
Serving Humanity ***	Amazon V	ommittee /irtual Assista ssion Form		AL PRISTAN MEMON FEISE	
<b>5</b>	AVA 22	2C (BATCH-04)		Form Processing Fees	
Form No PERSONAL INFORMATION:				Rs. 500/-	
Name of Student:					
Father Name:					
Father / Guardian's CNIC No.:		_ Guardian's Cell No			
Date of Birth:	_ Age:	_ Mother Tongue:		РНОТО	
Student CNIC No./ B. Form No					
Full & Permenant Address:			_		
Cell #	Email:		Phor	L]	
Student WhatsApp No		Are You Memor		No No	
		Are fou memor			
If Yes so mention Jamat Name: .			_ Surname:		
Which class do you study?					
Studying at			Timing		
FROM WHERE DID YOU HEA	AR ABOUT OUR CO	DURSE?			
Newspaper Fa	ncebook		Other		
DECLARATION UNDERTAKIN	NG BY PARENTS	GUARDIANS			
1. I/We, hereby accept the responsibilitie			nvolved in any other	activities, political or ethnic,	
but learning during his stay in the pro 2. During the Course of studies, studen		30% rigorous exam and com	olete software proie	cts to stay in the program	
3. I hereby, solemnly declare that the de					
I will abide by my all establish and fu 4. I shall be held responsible for any so	-		student either inten	tionally or inadvertently	
and will pay the penalties and deeme			Student either inten	lionally of madventenily	
<ul><li>5. Defiance will render my admission ca</li><li>6 Pick and drop of student shall be who</li></ul>					
o Fick and drop of student shall be write			Studentie	Signatura	
- Ecos onco paid		ent's Signature her transferable in any c			
				vary due course of time.	
• Tools for the cou	urse will have to be p	ourchased by the studen	t themselves.		
	FOR OFFICE USE ONLY			Office Timing:-	
	FOR OF	FICE USE UNET	MONDAY to SATU SUNDAY 11:15 ar	URDAY 3:00 pm to 09:00 pm m to 2:00 pm	
Remarks:					
Memon Federation House Faroog	Motlani Road, Near Isl	amia College, Karachi 🙉 0	21-34134856-60 0	316-2783739 0306-2619045	