

All Pakistan Memon Federation

I.T. Committee

Interactive Design & Multimedia





IDAM 23A MODULE-01 (BATCH-06) Form Processing Fees Form No. Rs. 500/-PERSONAL INFORMATION: Name of Student: Father Name: ____ Guardian's Cell No. ___ Father / Guardian's CNIC No.: _____ **PHOTO** Date of Birth: _____ Age: ____ Mother Tongue: ____ Student CNIC No./ B. Form No._____ Full & Permenant Address: Email: ____ Phone # _ Cell # _____ Are You Memon? Yes Student WhatsApp No. If Yes so mention Jamat Name: ___ Surname: ___ Which class do you study? Studying at Timing FROM WHERE DID YOU HEAR ABOUT OUR COURSE? Newspaper Facebook Other ____ DECLARATION UNDERTAKING BY PARENTS / GUARDIANS 1. I/We, hereby accept the responsibilities of good conduct and guarantee that he will not be involved in any other activities, political or ethnic, but learning during his stay in the program. 2. During the course of studies, student will have to pass with 80% rigorous exam and complete software projects to stay in the program. 3. I hereby, solemnly declare that the data and facts mentioned herein are true and correct to the best of my knowledge, further, I will abide by my all establish and future regulation and policies of APMF. 4. I shall be held responsible for any sort of damage to the property of APMF caused by the student either intentionally or inadvertently and will pay the penalties and deemed appropriate by competent authority. 5. Defiance will render my admission cancelled at any point in time. 6. Pick and drop of student shall be wholly responsibility of the parents. Parent's Signature ______ Student's Signature _____ • Fees once paid, non-refundable neither transferable in any case. NOTE: • Assigning class timing slots are solely discretion of management which may vary due course of time. Office Timing:-FOR OFFICE USE ONLY MONDAY to SATURDAY 3:00 pm to 09:00 pm SUNDAY 11:30 am to 2:00 pm Remarks: _____