

SCHOOL PRIORITY FORM

Applicant's Name.....

S/o,D/o,W/o.....

Resident of

Phone No.....Mobile No.....

Tehsil.....District.....

Documentary proof of Residence attached with the Application form (Tick the relevant Box)	CNIC	
	Domicile	
	Nikah Nama	
Claim for Disability Quota (Attached Documentary Proof)	Yes	
	No	

Order of School Priority	Name of Post Applied	Name of School
Priority No.1		
Priority No.2		
Priority No.3		
Priority No.4		
Priority No.5		
Priority No.6		

APPLICANT'S DECLARATION

Certified that information mentioned in this Application Form is true and correct statement about my particulars. I understand that statements found to be false will disqualify me. I have filled this school priority form with my own consent and have submitted Rs..... (for each application vide Challan Number.....dated..... and have attached to original receipt with this application.

Name of Applicant:.....

Signature.....**Date**.....