



**H. H. SH. KHALIFA PUBLIC SCHOOL
RAHIM YAR KHAN**

Registration Form

Date: _____

Session: 2017~18

NAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

DATE OF BIRTH: **Date** _____ **Month** _____ **Year** _____

FATHER'S OCCUPATION: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE RESIDENCE: _____, **Mob** _____

PHONE OFFICE: _____

ADMISSION SOUGHT IN(CLASS): _____

SIGNATURE: _____

Registration Fee: Rs. 600