



# AIST HANGU

## ABDALI INSTITUTE OF SCIENCE & TECHNOLOGY

### Registration Form

### Session : 2024-2025

DATE OF REGISTRATION

#### PERSONAL INFORMATION

/   /

Full Name : \_\_\_\_\_

Father's Name \_\_\_\_\_

Date of Birth :   /   /

DOB In words : \_\_\_\_\_

Gender :  Male  Female

Class/Grade \_\_\_\_\_

Country : \_\_\_\_\_

National ID /Form B No: \_\_\_\_\_

Domicile : \_\_\_\_\_

Previous school \_\_\_\_\_

Email : \_\_\_\_\_

Guardian name: \_\_\_\_\_

Guardian Contact \_\_\_\_\_

whatsapp No \_\_\_\_\_

Phone : \_\_\_\_\_

#### ADDRESS

Present Address :

Permanent address



\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Principal Signature

A : Near Government Degree College Hangu

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+92 313 9290289 Email : educationabdali@gmail.com

+92 334 9070587

THANK YOU

FOR REGISTRATION