



# EASTERN LANGUAGE CENTER

HOUSE# 62/SOUTH BLOCK, MAIN ROAD,  
PAK AVENUE HOUSING SCHEME SAHIWAL.

CELL NO: +92 302 6900459

PHOTO

## ADMISSION FORM

NAME: \_\_\_\_\_ FATHER NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_ QUALIFICATION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GENDER:  MALE  FEMALE BLOOD GROUP: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE STUDENT

\_\_\_\_\_  
SIGNATURE OF THE PARENT

## FOR OFFICE USE ONLY

NAME: \_\_\_\_\_ FATHER NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF JOINING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOBILE: \_\_\_\_\_

ADMIN SIGN: \_\_\_\_\_