

ADMISSION FOR FRENCH LANGUAGE SUMMER CAMP
FOR CHILDREN

Paste picture of the child please.

Name of the child:

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Name of the parent:

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Postal address of the parent: _____

Phone Number of the parent:

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E-mail address of the parent:

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Profession of the parent: _____

Place of work: _____

Age of the child: _____

Signature of the parent

Note: Please pay the fee in one of AIOU Banks: MCB, First Women Bank, Allied Bank or National Bank, and send the form along with the original challan to Dr. Farah Naz Sheikh, HoD, Department of French, Room No. 111, Block No. 11, AIOU, Sector H-8, Islamabad. The form should reach the department by 15th July 2016. **E-mail address of the parent is mandatory.**