

THE RISING STAR PUBLIC
SECONDARY SCHOOL UMERKOT



Project ID: P-36-23

Scholarships / Admissions Test Session-2023-24

Post Serial

1-5

CLASS VI TO X

I. Eligibility Criteria:

A. Is your age according to the prescribed age limit for the desired Post as on 31st May, 2024? YES NO

B. Is your Qualification according to the requirements of the post/class/subject? YES NO

If your reply is "Yes" to A & B above, only then please proceed further. Otherwise you are not eligible to apply.



Picture-1
Affix your recent
Passport size

تصویر ازمانسلک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا

II. Desired Merit: Fill Only One Box for Desired Post. (Mandatory)

01. 100% Scholarships 02. Self-Finance 03. Need Based Scholarship

III. Desired Session/Class: Fill Only One Box for Desired Post. (Mandatory)

To apply for more than one posts, please use separate form with separate fee. This form will be considered valid only for the first selected post in the sequence.

01. VI (Class 6th) 02. VIII (Class 7th) 03. VIII (Class 8th)
04. IX (Class 9th) 05. X (Class 10th)

IV. Personal Information: Use CAPITAL letters and leave spaces between words.

01. Name in Full: _____

02. Fathers/Guardian Name: _____

03. Candidate Form-B: _____ - _____

04. Gender: Male Female

05. Date of Birth: M M D D Y E A R

Write your Correct Date of Birth otherwise you will be rejected.

06. Mobile No

DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.

08. Religion: Muslim Non-Muslim

09. Postal Address: _____ If Non Muslim, Please Specify your Religion: _____

All correspondence will be made on this address though courier service or ordinary postal service.

Town/Sector/Village:/Mohalla: _____ Tehsil: _____ District: _____

10. Other Mobil No (if): _____ 11. Email: _____

12. Are you already in Government School? YES NO

In case of Yes, please attach NOC

13. Are you a Disabled Person? YES NO

If yes, please attach Disability Certificate

V. Academic Information:

- Note: 1. STS will not issue Roll No Slips to those who have not filled in their academic record properly.
2. Candidate should convert their grades into marks. O Level / A Level
3. Write exact degree name & major subject mention in certificate / transcript.
4. Result awaiting candidates are eligible.

| Certificate / Degree Level | Degree Title | Specialization / Major Subject | Year Passing | Obtained Marks / CGPA | Total Marks / CGPA | Board / University / Institute |
|----------------------------|--------------|--------------------------------|--------------|-----------------------|--------------------|--------------------------------|
| Primary (5 th) | | | | | | |
| Class 6 th | | | | | | |
| Class 7 th | | | | | | |
| Class 8 th | | | | | | |
| Class 9 th | | | | | | |

VI. Test City:

UMERKOT

MITHI

HYDERABAD

Note: (Subject to a minimum of 100 candidates, otherwise the candidates will be assigned next nearest test city OR only Umerkot)

VII. General Information

Please fill this form as per instructions give below:

- Please fill the Application Form properly with complete and correct information / answers.
- Please DO NOT leave any answer blank, otherwise your application shall be rejected.
- Incorrect, false or bogus information may result in cancellation of your candidature at any stage, even after admissions and also proceeding of a legal action either by STS.
- Attach your two recent Passport Size Photograph, Form-B/ Father's CNIC Copy, Academic Certificates (copy)
- Original Bank Deposit Slip (STS Copy).
- No TA/DA will be allowed to candidates for Test or Interview.
- School Management has the right to increase/decrease in the number of scholarships.
- Incomplete applications or applications containing incorrect information shall be rejected.
- Mobile phone or Electronic Gadgets are not allowed in Test Center premises.
 - Subject to a minimum of 100 candidates, otherwise the candidates will be assigned next nearest test city OR only Umerkot
- **Last Date for submissions of application form is: 31st May, 2024**

انولپ: درخواست کے لئے فہرے کے اوپر پروجیکٹ آئی ڈی اور پوسٹ کا نام لازماً لکھیں۔

VIII. UNDERTAKING BY THE FATHER/GUARDIAN

I _____ Father / Guardian of _____ do hereby solemnly undertake and affirm that I have read and understood the rules and regulations as given in the prospectus / website. I do undertake to abide by the rules and regulations and also with the changes incorporated / amended from time to time. I shall abide by the College Rules and accept Principal's decision in all academic and disciplinary matters concerning my child. I also affirm that all information provided by me in this form is correct and according to the best of my knowledge and belief.

Date: _____

Signature of the Father / Guardian

STS COPY



SINDH TESTING SERVICE-PAKISTAN

ONLINE DEPOSIT SLIP

Branch Code: _____ Branch Name : _____ Date: _____

(*Please deposit fee in only one bank & tick the relevant bank)

| | | | |
|--|------------|--------------------------------------|--------------------------|
| | ACCOUNT NO | 0334-2305761000 | <input type="checkbox"/> |
| | A/C TITLE | Sindh Testing Service (Pvt.) Limited | |
| | ACCOUNT NO | 0147-277230366 | <input type="checkbox"/> |
| | A/C TITLE | Sindh Testing Service (Pvt.) Limited | |
| | ACCOUNT NO | 360530100000817 | <input type="checkbox"/> |
| | A/C TITLE | Sindh Testing Services Pakistan | |
| | ACCOUNT NO | 0334-2305761000 | <input type="checkbox"/> |
| | A/C TITLE | Sindh Testing Service (Pvt.) Limited | |

*Note: Desired Bank Stamp is required on the Deposit Slip & Original Deposit Slip (STS Copy). Application Form will not be entertained without Original Deposit Slip (STS Copy).

PROJECT ID : RSPSS (51-24)

POST APPLIED

APPLICANT NAME

FATHER NAME

CNIC NUMBER

CHALLAN NO #

INVOICE

STS Fee: 950/- Nine Hundred Fifty Rupees

GST/Bank Charges or If applicable: 0/-

Total Deposited Amount : 950/-

**Nine Hundred Fifty rupees Only
Non Refundable / Non Transferable**

Applicant's Signature _____ Cashier _____ officer _____

CANDIDATE COPY



SINDH TESTING SERVICE-PAKISTAN

ONLINE DEPOSIT SLIP Branch

Code: _____ Branch Name : _____ Date: _____

(*Please deposit fee in only one bank & tick the relevant bank)

| | | | |
|--|------------|--------------------------------------|--------------------------|
| | ACCOUNT NO | 0334-2305761000 | <input type="checkbox"/> |
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BANK COPY



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