

Required

PHOTO

APPLICATION FORM

Last Name:

Date of Birth:

Phone Number:

E-mail:

First Name:

**For Applicant:**

Please complete this application form to successfully register to SCAFA, the School of Culinary and Finishing Arts (as per CNIC/Passport)

CNIC:

High School/University:

Last grade achieved:

Emergency contact No/Relation:

Pro Chef

Home Pro

Pro-Pastry

Pro-Kitchen

Program Interest:

Other(s)

Finishing

PT-Pastry

Combination

Course Date:

Residential address:

Are you looking for an internship afterwards: YES NO

I have signed the student guidelines: YES NO

Is the person responsible for the payment a Tax Filer Non-Tax Filer

If yes, please share CNIC of responsible person:

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**For SCAFA Admin Only**

Official Joining Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Filling Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Plan: Single/Multiple/Other

C&G / BHMS : Yes No Date of registration: \_\_\_\_\_\_\_\_\_ EnR # \_\_\_\_\_\_\_\_\_\_\_\_\_

Items received: Uniform ID/CNIC Kit  
Application Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Comments :