We fully understand and accept the discussed terms and conditions and agree to abide by the same and our son/daughter/ward will strictly observe the code of conduct HiAST.

Father's Name:	Mother's Name:
Occupation:	Occupation:
Employer:	Employer:
Office Address:	Office Address:
Tel No:	Tel No:
Mobile No:	Mobile No:
Email:	Email:

Name and Signature of the applicant

Name and Signature of the Parents/Guardian

FOR USE BY ADMISSION COMMITTEE

Fee Structure:	
	Seat No:
Remarks (if any):	Entry Test Result:
	_ Interview Result:
	Remarks:
Recommended / Not Recommended	for admission
Member 1 Mem	ber 2 Registrar
Date:	









Name:
Father's Name:
Surname/Family Name:
Program:
Registration No:
Date:

ACADEMIC CREDENTIAL

Last Institute	Certificate/	Result Ob	Board/	
Attended Degree Year	Degree Year	Division/Class / Grade/CGPA	Percentage	University
School:				
College:				
University				

FOLLOWING DOCUMENTS TO BE SUBMITTED	FOR OFFICE USE
Please tick () the relevant box	
Five recent colored passport size photographs. (Write name on reverse)	Complete
Attested Copies of Pass Certificate and Marks sheets	Incomplete
(SSC, HSC, Bachelor, which ever is applicable)	
Leaving Certificate for admission	
Migration Certificate (if applicable)	

	Is there anything else you would like to share about yourself with the Admission Committee?				
	(Interest, talents or imped	iments)			
•	What community services	have you been a part of? Give details.			
•	Why have you applied in H	liAST? What are your expectations from HiAST?			
	, , ,				
	Which other institutes are	you applying, mention in order of priority?			
	1	2			
	3				
•	How did you learn about I	IiAST? (Tick the relevant box):			
a.	Newspaper				
b.	Social Media				
c.	FM Radio				
d.	Banner				
e.	Family / Friend				
f.	Hand Bills	Signature of Applicant			
g.	Hoarding	3/6			

2/6

PART – 1 APPLICATION FORM

This form must be filled in student's own hand.

Photograph

FALL/SPRING SESSION: 20	Program Applied for: BS(CS)	
Admission Form No		
Student's name as it appears on tl	he Secondary School Certificate:	
		LAST NAME
Student's Date of Birth:	Nationality: Bloc	od Group:
Father's Name:		
Mobile No:	E-mail Address:	
Present Address:		
Postal Address:		
If employed, state designation:	Employer:	Tel:
Office Address:		
EMERGENCY CONTACT: Name		
Tel No Mobile No	o Relationship with	Applicant

1/6

PART – II TO BE COMPLETED BY THE PARENTS/GUARDIANS

(This information will remain confidential)

	(11113 1111011	iiiatioi	i wiii remain comacidalj		
Nam	ne of Parent / Guardian		In		
need	•		parents are honest when completing this form. We der to help and guide your child better specially		
1. [Detailed information of children:				
	Name	Age	School, College, Current Institution, Attending / Others		
2. N	lame and year child/children who	has/h	nave studied / are studying at HiAST.		
	Which parent has parenting respo	nsibili	ty? Both Mother Father		
	. Is there any history of mental emotional stress in the applicant's life? If so, does it affect his/her life at present?				
n	names of medicines regularly take and provide us with permission, n	en and ame a	lical condition and health problems: if any, please list I if he/she is allergic to any medicine. Please specify nd dosage medication used in times of emergency.		
	las the applicant ever experienc liagnosis? Please share your conc	ed pro erns a	blems with learning? If so has there been a formal		
7. V	What special qualities would you	like to	share with us about your child?		

STANDARD TERMS AND CONDITIONS

FALL/SPRING SESSION: 20

Staple the remaining 4 Photos in a small clear Plastic pack here.

I UNDERSTAND ACCEPT THE FOLLOWING:

- 1. That all fees, admission and tuition, are not refundable
- 2. That HiAST reserves the right to withdraw a student from the institution at any time, for specified reasons. HiAST is duty bound to inform other institutions to which the student applies, about the conduct of the student
 - at HiAST including any misdemeanours, suspension or expulsion.
- 3. There will be an annual increase of 5% in tuition fee. I agree to pay all fee as revised by HiAST and payable on the date of payment.
- 4. That I have read the student's code of conduct and accept all the conditions required to be eligible to appear in semester examination.
 - a) If a student's attendance falls short of 75% then he/she will not be allowed to appear in semester examination.
 - b) A student may be asked to leave he institute on major breach of conduct or disciplinary ground.
 - c) I accept all the decisions of HiAST in the matter of admission and pursuit of education in HiAST and will not question the same on any forum except within the institute's administrative set up.
- 5. That if any incorrect information has been given in this form, the admission offer will be withdrawn.
- 6. That these standard terms and conditions may be revised by HiAST from time to time, as the circumstances require.
- 7. I understand that HiAST is not responsible for the conduct of my child/ward outside its premises or at events not organized by the institute.
- 8. I allow HiAST to take my child/ward to a hospital for immediate first aid in any emergency.

Special Notes For Parents/students:

- 1. We do not address, the clarification, academic progress etc on phone.
- 2. Parents may see Registrar/Director Academics/Controller of Examinations on prior appointment only.
- 3. Do not call the institute to speak your son/daughter on phone. Emergency message will however, be attended at the Information Office.
- 4. We only entertain student's parents/guardian. Other relation will not be attended too.
- 5. The students are not allowed to leave the campus before the classes are over.
- 6. There is no concept of leave HiAST. Attendance less than 75% may lead to cancellation of Admission/disqualification to appear in examination.
- 7. Use of mobile phone inside the building is not allowed.
- 8. HiAST will not be responsible for the loss of student's personal things including mobile nor will it initiate any inquiry in this regard. 5/6
- 9. Eating GUTKA, PAN, SUPARI or SMOKING etc will lead to cancellation of admission.