



The AIMS School & College

Registration Form 2026

Admission Registration ID	:	<input type="text"/>
Student Name	:	<input type="text"/>
Father Name	:	<input type="text"/>
Grade	:	<input type="text"/>
Date of Birth (DD/MM/YYYY):	:	<input type="text"/>
Contact/Whatspp #	:	<input type="text"/>
Address	:	<input type="text"/>
Previous Institute Name	:	<input type="text"/>
Date of Registration	:	<input type="text"/>

I confirm that the information provided above is accurate and truthful for the registration.

Applicant's Signature: _____

Date: _____

Admission's Incharge Signature: _____

Date: _____

Location : Near Toll Plaza Murree Expressway , Islamabad

Contact : +92-327 7770140

Facebook: <https://www.facebook.com/theaimscollege>

For visit: www.theaimscollege.edu.pk