



OFFICE OF THE REGISTRAR DEPARTMENT EXAMINATION FOR SINDH
DIRECTORATE OF SCHOOL (EDUCATION) KARACHI REGION
INTERMEDIATE GRADE DRAWING ANNUAL EXAMINATION 20__-20__

FORM OF APPLICATION

District: _____
Taluka: _____

Name of Exam Centre School with Prefix: _____

Semis Code/School ID of Exam Centre: _____

Candidate's School's with Prefix: _____

School Type: ☐ Government / ☐ Private

Category of Candidate: ☐ Regular / ☐ Private

Candidate G. R No. _____

Name of Candidate: (In Block Letters) _____

Father's Name: _____

Surname: _____

Date of Birth: _____

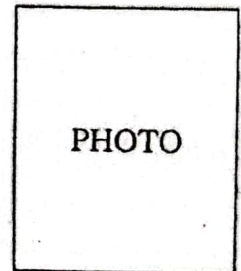
CNIC NO. _____

Residential Address: _____

Subjects
(1) Object Drawing (2) Natural Drawing
(3) Free Hand (4) Memory Drawing
(5) Design (6) Geometry and lettering

Signature of Applicant

Attested that the above entries are verified from the General Register Head of Institution record are
Found Correct (Attested Photo is to be attached)



Seal & Signature Head of Institute

Forwarded with Compliment to the Inspector of Drawing

Submitted to the Inspector of Registrar Department Directorate of School Education Karachi Region Sindh
Registrar Departmental Examination Karachi

Seat No. To be _____ allotted by the Registrar DSE Karachi

NOTE: INCOMPLETE FORM WILL NOT BE ACCEPTABLE

INSTRUCTIONS FOR THE CANDIDATES

ELIGIBILITY:

1. Private Candidates must have attested passed matriculation certificate for IGD
2. Candidates who are applying for EGD Exams are not allowed to apply for IGD Exams in same year.
3. Candidates from any recognized Institution (Govt. /Private) can apply for IGD and EGD Exams.
4. Age limit for appearing in IGD Exam must not be more than 30 years
5. Private candidates must have to submit their CNIC and Domicile copy with Exam forms.
6. Private candidates must need to fill registration form through office of Inspector Drawing before submission of Examination forms.

ART MATERIAL

1. Memory Drawing (black / colored pencils)
2. Free hand, nature Design and nature Drawing (water colors / Poster Colors)
3. Mathematical Geometry box.
4. Sharing of stationary is not allowed during Examination hours.



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A

Seat No. _____

District: _____

Taluka: _____

Name of Exam Centre School with Prefix: _____

Candidate G.R No. _____

Name of Candidate: _____

(In Block Letters)

Father's Name: _____

Surname: _____

Candidate / Guardian's / Father's CNIC: _____

Date of Birth: _____

- Subjects
- | | |
|--------------------|----------------------------|
| (1) Object Drawing | (2) Natural Drawing |
| (3) Free Hand | (4) Memory Drawing |
| (5) Design | (6) Geometry and Lettering |

Signature of Candidate _____

To be Allowed _____

To take the Elementary Grade Drawing Examination 20__-__ at the Centre _____

Signature Registrar Departmental Examination



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B

Seat No. _____

District: _____

Taluka: _____

Name of Exam Centre School with Prefix: _____

Candidate G.R No. _____

Name of Candidate: _____

(In Block Letters)

Father's Name: _____

Surname: _____

Candidate / Guardian's / Father's CNIC: _____

Date of Birth: _____

- Subjects
- | | |
|--------------------|----------------------------|
| (1) Object Drawing | (2) Natural Drawing |
| (3) Free Hand | (4) Memory Drawing |
| (5) Design | (6) Geometry and Lettering |

Signature of Candidate _____

To be Allowed _____

To take the Elementary Grade Drawing Examination 20__-__ at the Centre _____

Signature Registrar Departmental Examination