



PAKISTAN SCIENCE FOUNDATION

Plot No.1, G- 5/2, Constitution Avenue, Islamabad

Photograph

Application Form for Participation in International Junior Science Olympiad-2025

[November 23 – December 2, 2025 in Russia Tentatively]

| | | | |
|-------------------------------------|-------------------------------|--|---|
| Personal Information | | | |
| 1.Name: | | | |
| 2.Father's Name: | | | |
| 3.B form No: | 4.Gender | | 5.Domicile (Indicate District and Province) |
| | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| 6. Date of Birth (dd/mm/year):..... | | 7. AgeYears.....Months.....Days..... | |
| 8. a). Permanent Address: | | | |
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| b). Postal Address: | | | |
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|---|---|----------------------------|---------------------------|-----------------|---------------------------|------------------------|-----------------------------------|
| 9.Contact Information: a).Phone No..... b).Cell No..... | E-mail: | | | | | | |
| 10. Present study a). Grade/Level..... b). Field of Study..... | Name of Institute where studying | | | | | | |
| Academic Information | | | | | | | |
| Qualifications (Attachment of attested Copies of Certificates and CNIC/ B Form is mandatory) | | | | | | | |
| Certificate/ Degree | Institution/ Board | Year of Passing | Major Subjects | Division | Marks Obtained | Total Marks | %age(Up to 3 decimals) |
| a).Middle/ Equivalent | | | | | | | |
| b).9 th / 10 th Class/ Equivalent (if applicable) | | | | | | | |
| c) Any other | | | | | | | |
| 2. Provide detail of Extra Curricular activities (if any) | | | | | | | |
| 3. Distinction and Awards during study (if any) | | | | | | | |

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| <div>.....</div> | |
| <div>4. Any other relevant Information (if any) use extra sheets if required</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> | |
| <div>5. References with cell numbers</div> <div>i).</div> <div>ii).</div> | |
| <div>6. By signing below and submitting this application Form, I.....agree that the information I have provided above is accurate to the best of my knowledge and that I authorize you to contact the references provided above for further information. I know that any false information may result in my disqualification for the subject activity.</div> | |
| <div>Signature of the student:</div> | <div>Date:</div> |
| <div>7. Recommendation by the Head of the Institute where student is currently studying</div> <div>.....</div> <div>.....</div> <div>.....</div> | |
| <div>8. Signatures of the Head of Institute with date</div> | <div>Stamp of the Head of Institute</div> |