



# Pakistan Montessori Council

## Pakistan Montessori Council

### **School Affiliation (Membership) Application Form (A)**

Please complete the following form (one form per registration please).

I declare that the information mentioned above is true to the best of my knowledge. On behalf of the School, I the under signed shall facilitate the implementation of PMC's recommended standards and effectively collaborate to elevate the School towards attaining PMC Accreditation. I agree to abide by and fulfill PMC's code of ethics, and all clauses/regulations/terms given in the PMC Affiliation Guide.

**Note: The following payment made in relation to PMC School Affiliation Program shall be effective for ONE whole year(365-days) starting from the date of endorsing this form by the undersigned.**

School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent body(if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/state \_\_\_\_\_ Zip code \_\_\_\_\_

Country \_\_\_\_\_ Tel. 1: \_\_\_\_\_

Tel. 2: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

*The following payment to be made to (Montessori Pakistan Pvt. Ltd.)*

**PMC School/Institutional Affiliation Fee Payment: Rs. 30,000/-**

Payment Method: Cash  Demand Draft  VPP  DD/VPL/Voucher No. (if any): \_\_\_\_\_

*Authorized Person's Signature, Name, Designation, Date and Institution's Stamp below:*

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**PAKISTAN MONTESSORI COUNCIL**

ISLAMABAD: (Head-office) 466, St. 58, I-8/3, Islamabad. Tel:051-4443835

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