## **Application Form**

APPLICATION FOR ADMIS	SSION OF NURSING	PROGRAM		
Applied for:	BScN (4 Years Pro	gram)	CNA or LPN (2_ Years Pr	ogram)
1. Full Name (Capital letters	·)			
Mr./Miss/Mrs. ———				_
2. Date of Birth	Pla	ace of Birth		
Religion	Ma	arital Status		
Domicile				Paste one passport size photograph
3. Student Contact No				
Student e-mail address: _				
4. CNIC No. of Student:				
-		-	]	
5. Father's Name (Capital le	tters):			
6. Father's Occupation:				
7. Father's annual income for	ormal source:			
8. Father's Phone Number N	Лоb:	Hom	e:	Office:
9. Permanent Home Addres	s: (For Corresponden	ce):		
11. Passport/CNIC No. of Fa	ther:			
-		-	]	
12. (2 <sup>nd</sup> Guardian)				
Guardian's Name (Capital	l letters):			
Guardian's CNIC No.				
-		-	]	
A. Guardian's exact relati	onship with the appli	cant:		
B. Guardian's Occupation	:			

		form all sources:				
E. Gu	ardian's Phone Number	rs Mob:				
l3. Qua	lification of the applicar	nt				
Sr. No.	Examination Passed	Board From Which Passed	Roll No.	Year of Passing	Name of School/ College	Marks Obtained & % age
1	Matriculation/ Equivalent					
2	Intermediate (F.Sc.) Pre-Medical/ Equivalent					
3						
We sole	mnly affirm that inform e applicant will lose the	ation given above is correct to the right of admission and, if admitte	d, the college	will have the rig	ht to expel me. T	
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Date: \_\_\_\_\_