



INSTITUTE OF NURSING, WAH MEDICAL COLLEGE

APPLICATION FORM - 2016

Serial No.: _____

Please write in block letters using blue or black ink. Complete all sections. Incomplete/illegible forms will not be considered.

Course applied for:-	4 Years Generic B.Sc Nursing <input type="checkbox"/>	2 Years Post RN B.Sc Nursing <input type="checkbox"/>
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<p>1. Name:</p> <p>.....</p> <p>2. Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="font-size: 8px;">d</td> <td style="font-size: 8px;">d</td> <td></td> <td style="font-size: 8px;">m</td> <td style="font-size: 8px;">m</td> <td></td> <td style="font-size: 8px;">y</td> <td style="font-size: 8px;">y</td> <td style="font-size: 8px;">y</td> <td style="font-size: 8px;">y</td> </tr> </table></p> <p>3. Nationality:</p>			-			-					d	d		m	m		y	y	y	y	<div style="border: 1px solid black; padding: 10px; width: 100%;"> <p>Passport Size Photograph (Attested at back)</p> </div>
		-			-																
d	d		m	m		y	y	y	y												

4. CNIC Number:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>						-							-	
					-							-			

5. Phone Number:	Home:	Mobile:
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6. E-mail:
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7. Residential Address:
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8. Father's Name/Guardian's Name:(with CNIC No.)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>						-						-	
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9. Father's Occupation:
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10. If serving/retired from Pakistan Ordinance Factories (POF) (Please give detail):
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11. Father's/Guardian's E-mail Address:
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12. Any previous admission in a professional college:
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13. Emergency Contact Person:	Name & Relation:
	Telephone Number Office:..... Res: Mobile:

14. ACADEMIC RECORD						
Examination	Year of Passing	Name of the Board / Institution	Total Marks	Marks Obtained	Grade	Percentage of Marks Obtained
Matric / O-Levels						
F.Sc /A-Levels						
Diploma in General Nursing						
Midwifery						
Speciality (Please Specify) _____						
Any other Qualification						

15. Do you require hostel accommodation (Subject to availability):

16. **DECLARATION**

I, Mr./Ms/Mrs. _____ Son/ Daughter /Wife of _____, declare that the above information provided by me is correct. I have read and understood the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of the Institute. I have adequate financial resources to support my studies at the Institute. I fully understand that all fees, once paid are not refundable under any circumstances, I will not object any additional charges levied in the future by the Government, University or Institute.

Applicant's Signature Signature of Parent/Guardian Date

17. Complete application should be submitted along with a processing fee of Rs. 1000/- in the form of cash/pay order.

CHECKLIST

- Application form.
- Admission Process Fee Rs. 1000/- .
- Attested two Passport size photographs.
- Attested photocopy of Matriculation or equivalent qualification with IBCC equivalence Certificate.
- Attested photocopy of Fsc. or equivalent qualification with IBCC equivalence certificate.
- Attested copy of 3 years diploma in Nursing (For Post RN BSc Nursing).
- Attested copy of one year diploma in Midwifery/Spicality (For Post RN BSc Nursing).
- Attested copy of experience certificate of at least three years in any nationally recognized hospital (For Post RN BSc Nursing).
- Attested copy of CNIC of self & father / Guardian (Provide B Form if candidates' NIC has not yet made).
- Attested copy of Domiclie.
- No objection certificate (NO C) for government employees only (For Post RN BSc Nursing).

FOR OFFICE USE ONLY

Application received by	
Application receiving date	
Entry test admit card number	
Admission process fee received by	