



# INSTITUTE OF NURSING, WAH MEDICAL COLLEGE

## APPLICATION FORM - 2018

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 Bsc Nursing            2 Years Post RN Bsc Nursing     

1. Name: .....

.....

2. Date of Birth:      

d	d	-	m	m	-	y	y	y	y
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3. Nationality: .....

Passport  
Size Photograph  
(Attested at back)

4. CNIC Number:      

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5. Phone Number:      Home: .....      Mobile: .....

6. E-mail: .....

7. Residential Address: .....

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8. Father's Name/Guardian's Name:(with CNIC No.) .....

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9. Father's Occupation: .....

10. If serving in Pakistan Ordinance Factories (Please give detail): .....

11. Father's/Guardian's E-mail Address: .....

12. Any previous admission in a professional college: .....

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	Year I					
	Year II					
	Year III					
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.
- Attested two Passport size photographs.
- Admission Processing Fee Rs. 1000/-.
- 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/ DMCs of each year (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 (NOC) 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	