



# INSTITUTE OF NURSING WAH MEDICAL COLLEGE

## APPLICATION FORM 2018-19

Serial No.: \_\_\_\_\_

Course applied for:- 4 Years Generic Bsc Nursing  2 Years Post RN Bsc Nursing  1 Year Midwifery(4<sup>th</sup> Year)

Status / Category

Ward of POF Serving Personnel

Ward of WMC/IoN Employee

Ward of POF Retd Personnel

Ward of MoDP Employee

Note: If status /category is not marked, then form will be considered against open merit seat.

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

1. Name: .....

2. Date of Birth: 

		-			-				
d	d		m	m		y	y	y	y

3. Nationality: .....

Passport  
Size Photograph  
(Attested at back)

4. CNIC Number: 

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

6. E-mail: ..... Active Whatsapp No: .....

7. Residential Address: .....

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

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

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

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

12. Emergency Contact Person:

Name & Relation: .....

Telephone Number Office: ..... Res: ..... Mobile: .....

13.	<b>ACADEMIC RECORD</b>					
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						

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

15. **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

16. 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 two 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 Domicile.
- 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	



**INSTITUTE OF NURSING,  
WAH MEDICAL COLLEGE**

Student Copy

**ROLL NO SLIP FOR ENTRANCE TEST 2018-19**

Serial No.: \_\_\_\_\_

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

S/O, D/O, W/O : \_\_\_\_\_

Roll No / Form No : \_\_\_\_\_

Examination : \_\_\_\_\_

Name of Institute : Institute of Nursing, WMC

Entrance Test Date : \_\_\_\_\_

Passport  
Size Photograph  
(Attested at back)

\_\_\_\_\_  
Issuance Authority

Institute of Nursing, Wah Medical College, The Mall, Wah Cantt.

Website: [www.ion.wahmedicalcollege.edu.pk](http://www.ion.wahmedicalcollege.edu.pk) e-mail: [info@ion.wahmedicalcollege.edu.pk](mailto:info@ion.wahmedicalcollege.edu.pk)

Phone: 051- 9314387 Fax: 051- 9314373



**INSTITUTE OF NURSING,  
WAH MEDICAL COLLEGE**

Office Copy

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Serial No.: \_\_\_\_\_

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Website: [www.ion.wahmedicalcollege.edu.pk](http://www.ion.wahmedicalcollege.edu.pk) e-mail: [info@ion.wahmedicalcollege.edu.pk](mailto:info@ion.wahmedicalcollege.edu.pk)

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