



# INSTITUTE OF NURSING WAH MEDICAL COLLEGE

## APPLICATION FORM 2021-22

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

Course applied for:- 4 Years Generic BS Nursing       2 Years Post RN BS Nursing       Midwifery

Status / Category

Ward of POF Serving Personnel       Ward of WMC/IoN Employee       Open Merit Seat

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

**Active Whats App Number for Roll # Slip:** \_\_\_\_\_

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

<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; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Passport Size Photograph (Attested at back)</p> </div>
		-			-																
d	d		m	m		y	y	y	y												
<p>4. CNIC Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 200px;"> <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></p>						-						-									
					-						-										
<p>5. Phone Number:      Home:.....      Mobile: .....</p>																					
<p>6. E-mail: .....      Active Whatsapp No: .....</p>																					
<p>7. Residential Address: .....</p> <p>.....</p>																					
<p>8. Father's Name/Guardian's Name:(with CNIC No.) .....</p> <p style="text-align: right;"><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> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"> </td> </tr> </table></p>					-						-										
				-						-											
<p>9. Father's Occupation: .....</p>																					
<p>10. Father's/Guardian's E-mail Address: .....</p>																					
<p>11. Any previous admission in a professional college: .....</p>																					
<p>12. Emergency Contact Person:</p> <p>Name &amp; Relation: .....</p> <p>Telephone Number Office:.....      Res: .....      Mobile: .....</p>																					

13.		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						

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

**CHECKLIST**

- Application form.
- Attested five Passport size photographs.
- IoN Prospectus and Admission Processing Fee Rs. 2000/-.
- 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 BS Nursing)
- Attested copy of one year diploma in Midwifery/Spiciality (For Post RN BS Nursing)
- Attested copy of experience certificate of at least one years in any nationally recognized hospital. (For Post RN BS Nursing)
- Attested copy of valid PNC Card (only for Post RN BSN Students)
- 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 BS 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

Official Copy

## ROLL NO SLIP FOR ENTRANCE TEST 2021-22

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

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

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

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

Examination : Generic BSN  Post RN BSN

Examination Center : Wah Medical College Wah Cantt

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)  
[www.ionwmc.edu.pk](http://www.ionwmc.edu.pk) info@ionwmc.edu.pk  
Phone: 051- 9314387 Fax: 051- 9314373



# INSTITUTE OF NURSING, WAH MEDICAL COLLEGE

Student Copy

## ROLL NO SLIP FOR ENTRANCE TEST 2021-22

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

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

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

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

Examination : Generic BSN  Post RN BSN

Name of Institute : Wah Medical College Wah Cantt

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)  
[www.ionwmc.edu.pk](http://www.ionwmc.edu.pk) info@ionwmc.edu.pk  
Phone: 051- 9314387 Fax: 051- 9314373