

Application Form

APPLICATION FOR ADMISSION OF NURSING PROGRAM

Applied for: BSN (4 Years Program) CNA or LPN (2_ Years Program)

1. Full Name (Capital letters)

Mr./Miss/Mrs. _____

2. Date of Birth _____ Place of Birth _____

Religion _____ Marital Status _____

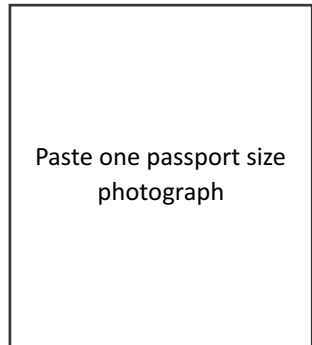
Domicile _____

3. Student Contact No. _____

Student e-mail address: _____

4. CNIC No. of Student:

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5. Father's Name (Capital letters): _____

6. Father's Occupation: _____

7. Father's annual income formal source: _____

8. Father's Phone Number Mob: _____ Home: _____ Office: _____

9. Permanent Home Address: (For Correspondence): _____

10. Father's e-mail address: _____

11. Passport/CNIC No. of Father: _____

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12. (2nd Guardian)

Guardian's Name (Capital letters): _____

Guardian's CNIC No.

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A. Guardian's exact relationship with the applicant: _____

B. Guardian's Occupation: _____

C. Guardian's annual income from all sources: _____

D. Permanent Address: _____

E. Guardian's Phone Numbers Mob: _____

F. Guardian's e-mail address: _____

13. Qualification of the applicant

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						

14. Solemn affirmation by the applicant and his father/guardian

We solemnly affirm that information given above is correct to the best of my knowledge. If it is found that any of the statements was false, the applicant will lose the right of admission and, if admitted, the college will have the right to expel me. The applicant will also be liable to any further departmental or legal action that the CON AMDC Lahore may deem fit to take.

Father/Guardian's Signature

Signature of Student

Check List:

Make sure that you have deposited the attested photocopies of following documents with the admission form:

1. National identity Card / Form B / Passport
2. Matriculation or Equivalent qualification Certificate
3. F.S.C (Pre-Medical) or equivalent qualification Certificate
4. Three passport size colour photograph of the applicant.
5. Domicile Certificate
6. Character certificate from head of institution last attended
7. Medical fitness certificate from any registered medical practitioner
8. Serological status about hepatits B virus & Hepatits C virus

Date: _____