

NIGAR COLLEGEOF NURSING

MTI SWABI

ADMISSION FORM FOR SESSION 2024-25

Generic BScN (04 Years Program)

Name:(As per SSC or equivalent certificate				
Date of birth (DD/MM/YY):/_	/	Age:	Gender: M / F	
Married/Unmarried: Domicile:		Nationality:		
Address:				
Phone: (Res) Email:				
WhatsApp:				
Permanent address:				
In case of emergency please contac	<u>t</u>			
Name:	_ Relationship with applicant:			
Phone:	Address:			

Academic Qualification

Qualification	Year of passing	Marks Obtained	Total Marks	Percentage	Name of Board
Matric					
F.Sc Pre-Medical					
KMU-CAT 2024					

_____ Exact Relationship with the Guardian:_____

Certified that the facts produced are correct to the best of my knowledge:

Signature of the Applicant's Father/Guardian
CNIC No:
Date:

Signature of the Applicant

CNIC No._____

Note: Attested copies of the following documents must be attached with the application form in the following sequence; incomplete application/missing documents will not be entertained.

Tick the relevant box for the attached documents

- Original Bank Challan/Receipt as Generic BScN application processing fee (DO NOT ATTEST the Challan)
- □ A Copy of KMU-CAT test Result taken in 2024
- □ A copy of Secondary School Certificate Examination (Science).
- □ A copy of Higher Secondary School Certificate Examination (FSc: Pre-Medical)
- □ A copy of DMC of Matriculation examination
- $\Box \quad A \text{ copy of DMC of FSc examination}$
- \Box A copy of domicile certificate
- □ Computerized National Identity card of the candidate
- □ A copy of computerized National Identity Card of the father/guardian.
- □ Four passport size coloured photographs of the applicant attested on the back.