



NIGAR COLLEGE OF NURSING

MTI SWABI

ADMISSION FORM FOR SESSION 2024-25

LHV (02 Years Program)

4 PASSPORT
SIZE
PICTURES

Name: _____ Father Name: _____
(As per SSC or equivalent certificate in BLOCK letters)

Date of birth (DD/MM/YY): ____/____/____ Age: _____ Gender: M / F

Married/Unmarried: _____ Domicile: _____ Nationality: _____

Address: _____

Phone: (Res) _____ (Cell) _____

Email: _____

WhatsApp: _____

Permanent address: _____

In case of emergency please contact

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					

Guardian's Name: _____ Income & Occupation: _____

_____ 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 will not be entertained.

Tick the relevant box for the attached documents

- Original Bank Challan/Receipt as LHV application processing fee (**DO NOT ATTEST the Challan**)
- 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
- A copy of DMC of FSc examination
- A copy of domicile certificate
- National Identity card of the candidate
- A copy of computerized National Identity Card of the father/guardian.
- Four passport size colored photographs of the applicant attested on the back.