

NIGAR COLLEGEOF NURSING MTI SWABI



ADMISSION FORM FOR SESSION 2024-25

POST RN BSCN (02 years)

Name:(As per SSC or equivalent certifi			l Name:		
Date of birth (DD/MM/YY):		,		Gandar: M / E	
		-			
Married/Unmarried: Domicile:		Nationality:			
Address:					
Phone: (Res) Email:					
WhatsApp:					
Permanent address:					
In case of emergency please co	<u>ntact</u>				
Name:	Relation	nship with app	olicant:		
Phone:					
Academic Qualification					
Qualification	Year of passing	Marks Obtained	Total marks	Percentage	Name of Board
Matric					
F.Sc Pre-Medical					
Diploma in General Nursing 1st Year					
Diploma in General Nursing 2nd Year					
Diploma in General Nursing 3rd					
Year					
Diploma in Midwifery/Specialty					
Any other qualification Specify					
Guardian's Name:				tion:	
Certified that the facts prod	_			knowledge:	
Signature of the Applicant's	Father/Gu	ardian	Signat	ture of the Ap	 plicant
CNIC No:			CNIC No.		
D. 4.			31,1201,00		

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 POST RN BScN application processing fee (DO
NOT ATTEST the Challan)
A copy of Secondary School Certificate Examination (Science/Equivalent).
A copy of Higher Secondary School Certificate Examination (FSc: Pre-Medical)
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 colored photographs of the applicant attested on the back.
A copy of diploma in general nursing attested by the respective Examination Board
A copy of diploma in midwifery, attested by the respective Examination Board
A copy of diploma in any specialty, attested by the respective College of Nursing
(male)
A copy of DMC in general nursing, attested by the respective Examination Board
A copy of DMC in midwifery, attested by the respective Examination Board
A copy of DMC of respective specialty, attested by the respective nursing college
(male)
A copy of current PNC Registration
A copy of NOC from concerned department in case the applicant is government
employee