Admission Form
Session: __________

Please Tick one Choice:
- B.Sc Nursing (Post RN)
- B.S Nursing (Generic Four Years)
- Post Basic Specialization (Cardiac Nursing)
- Three Years General Nursing Diploma (RN)

Result Aptitude Test:

<table>
<thead>
<tr>
<th>Total Number</th>
<th>Obtained Number</th>
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<td>Oral Test</td>
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<td>Written Test</td>
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(For office use only)

PERSONAL RECORD:
Name: ____________________________ Surname: __________________
S/O, D/O _______________________________________________________
Date of Birth: ________________ . Sex: Male □ Female. □
C.N.I.C. No.: _____________________________
PNC Registration No. (For Post RN B.Sc N): _____________________________
Permanent Address: ______________________________________________
Postal Address: ______________________________________________

Telephone No: ______________ Mobile No.: ______________ Occupation: __________________
Domicile: __________________ Nationality: __________________ Religion: __________________
Marital Status: Single □ Married. □
Next of Kin: _____________________________
Relationship: _____________________________
Address: ______________________________________________
Phone # _____________________________ Mobile #: _____________________________

Please paste the recent photograph passport size
Application # __________
Reference No. 01:
Name: ____________________________________ 
C.N.I.C. No: ______________________________________
Designation: ______________________________________
Address: _________________________________________
Telephone No: __________________ Mobile No: ____________

Education Data:

Academic Qualification:

<table>
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<th>Year of Passing</th>
<th>Total Marks</th>
<th>Obtain Marks</th>
<th>%</th>
<th>Division/Grade</th>
<th>Name of Institute</th>
<th>Board/University</th>
<th>Major Subjects</th>
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Professional Qualification: (for Post RN B.ScN & Cardiac Nursing only)

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<td>Diploma in any specialization</td>
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Employment Record: (for Post RN B.ScN & Cardiac Nursing only)

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<th>Total Experience</th>
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Declaration:
It is certify that the above mentioned information are true and correct. If any content or document found incorrect or false any action against me may be taken (i.e. revoke my admission or termination of training any time).

__________________________________________
Signature of candidate
Date: ______________

__________________________________________
Signature of Parents/guardian
Date: ______________

Return this complete form along with

1. Attested two copies of □ Certificates □ Mark Sheets □ Other academic qualifications.
2. Provisional certificate (In case you have not received original Board Certificate) duly attested.
3. Attested two copies of Diploma of General Nursing and Other diplomas (for Post RN & Cardiac nursing).
4. Six recent passport size photographs.
5. Attested two copies of C.N.I.C. (own and father/husband)
6. Attested two copies of PNC Registration Card (Post RN & Cardiac Nursing)
7. Two copies of Domicile & from D (duty attested).
8. Permission letter from parents/guardian.

Recommendation by Selection Board  (office use only)

Selected
Yes. □
No. □

Comments: _________________________________________________________________

__________________________________________
Program Coordinator

__________________________________________
Principal

__________________________________________
Deputy Director Nursing

__________________________________________
Chief Nursing Superintendent
Jinnah Medical College Hospital
(For Basic Nursing Program Only)

__________________________________________
Director Nursing

Date: ______________

3
NURSING EDUCATION DEPARTMENT
S.M. SOHAIL TRUST

Admit Card
Session ________

Serial No.: __________  Program: ____________________________

Name of Candidate: _____________________________________________
S/O, D/O, W/O: ________________________________________________
Address: _______________________________________________________
________________________________________  Telephone No: _____________
Date of Test: __________________  Time: __________________________

__________________________  _________________________________
Signature of Dealing Officer  Principal Seal & Sign

(This admit card must be filled by capital letters)

Please paste the recent photograph passport size