



PATRIOTIC HEALTH SCIENCES INSTITUTE OF NURSING ADMISSION FORM SESSION _____

Important:

1. You are requested to read the instruction carefully to avoid inconvenience.
2. Please note that application forms incomplete in any respect will not be accepted.

Passport Size
Photo

Name of Candidate (Block Letter): _____

Father's Name: _____

Name of Guardian: _____

Occupation of Father /Guardian: _____

Date of Birth : _____ (in words) _____ (According to Matric Certificate)

Gender: Male Female Religion _____ Nationality: _____

Student Cell No. _____ Father's Cell No. _____

Postal Address: _____

Programme G.Nursing Post RN BScN GBSN Others _____

EDUCATIONAL BACKGROUND

| Certificate | Passing Year | Roll No. | Marks Obt/T.Marks | Grade | Subject | Board / University | Name of Institution |
|-------------|--------------|----------|----------------------|-------|---------|--------------------|---------------------|
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Signature of the Candidate

Signature of Father/ Guardian

Identity Card No. /B.Form

Identity Card No.

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ADMISSION COMMITTEE OFFICIAL USE ONLY

Accepted

Rejected

Dated: _____

Remarks Chairman Admission Committee _____

Date: _____

Chairman Signature _____

Reference Guardian 1

Name: _____

Father's Name: _____

CNIC No. _____

Contact No. _____

Address: _____

CNIC copy must be attached

Signature of Guardian

Reference Guardian 2

Name: _____

Father's Name: _____

CNIC No. _____

Contact No. _____

Address: _____

CNIC copy must be attached

Signature of Guardian