

Form No. _____



SCHOOL OF NURSING
NATIONAL INSTITUTE OF CHILD HEALTH
KARACHI-77510

APPLICATION FORM FOR GENERAL NURSING TRAINING
(To be filled by candidate's own hand writing)

Passport Size
Photograph

1. Applicant's Name (IN BLOCK LETTERS) _____
(According to Matric Certificate)
2. Name of Father _____
3. Date of Birth _____ Place of Birth _____ Married/Unmarried (Y/N) _____
4. NIC NO. _____ Domicile _____ Religion _____ Nationality _____

5. **Educational Qualification.**

- a. **Matric Science**
- b. **H.S.C.(Science/Com./Arts**
- c. **B.Sc./B.Com/B.A.**
- d. **M.Sc/M.Com/M.A.**

Name of Board/University	Year of passing	MARKS		DIV/GRD
		Total Marks	Marks Obtained	

6. Name of School/College last attended _____ Year _____
7. Professional Qualification Y/N _____ (if yes)
Detail _____
8. Have you ever been admitted in any nursing training (if yes) please mention the name of course _____ year _____ reason for leaving course. _____
9. Have you ever been employed (Y/N) _____ if yes please mention the nature of work. _____
10. Permanent Address: _____
11. Present Postal Address _____
Tel (Res). _____ Cell # _____

FOLLOWING DOCUMENTS MUST BE ATTACHED WITH APPLICATION FORM

- a. Two recent passport size photographs
- b. Attested copy of Matric Marks Sheet/Domicile/Two character certificates from different Class-I Gazetted Officers.
- c. Attested copy of N.I.C. or B.Form. d. Two Stamped envelopes with complete postal address.

Date _____

Signature of Applicant

P.T.O.

NATIONAL INSTITUTE OF CHILD HEALTH,SCHOOL OF NURSING,KARACHI.

Roll No. _____ **ADMIT CARD**

Name of Candidate: _____ Father's Name _____

Date of Test/Interveiw _____ Session _____

Name of Course: **General Nursing Training.**

Passport Size
Photograph

Signature of Candidate

☞ **Candidates must bring their original documents along-with Admit Card.**
dealing official

Signature of

UNDERTAKING

I hereby declare that if selected I will abide by the rules and regulations enforce at present that may hereafter be made by the authorities concerned and undertake that throughout the training period. I will do nothing either inside or outside the school premises that will interfere with its administration and discipline.

In case I failed to do so at any stage I will liable for any action that the Principal, School of Nursing deems fit. I hereby declare that the facts stated above are correct to the best of my knowledge and belief.

Date _____

Signature of applicant

DECLARATION

I Father / Husband / Guardian of Miss / Mrs. Mst. _____ hereby declare that the above statement / particulars are true and that my daughter / wife is seeking admission to the General Nursing Course with my consent.

I hereby undertake that my daughter / wife will abide by the rules of this institution. Incase she fails to do so at any stage she will render herself liable for any action that the Principal of the Nursing School deems fit according to the provision of relevant rules.

Date _____

Name of Father / Husband / Guardian with relation.

Address: _____

N.I.C.No. _____

Signature _____