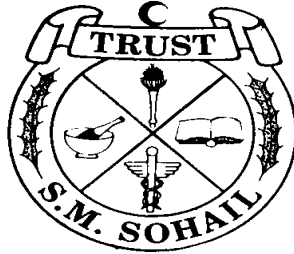


Jinnah College of Nursing



Admission Form
Session: _____

Please paste
the recent
photograph
passport size

Please Tick one Choice:

- B.Sc Nursing (Post RN)
- B.Sc Nursing (Generic Four Years)
- P.G Diploma in Community Health Nursing
- P.G Diploma in Psychiatric Nursing
- P.G Diploma in Pediatric Nursing

Application Number

--	--	--	--	--

Result Aptitude Test:

Total Number		Obtained Number	
Written Test	Oral Test	Written Test	Oral Test
(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. (Except Generic B.Sc N):

--	--	--	--	--	--	--	--

Permanent Address: _____

Temporary Address: _____

Telephone No: _____ Mobile No.: _____ Occupation: _____

Domicile: _____ Nationality: _____ Religion: _____

Marital Status: Single Married.

If Married,

Name of spouse: _____

Number of Children Sex & Age of Each Child: _____

Reference No. 01:

Name: _____

C.N.I.C. No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation: _____

Address: _____

Telephone No: _____ Mobile No: _____

Reference No. 02:

Name: _____

C.N.I.C. No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation: _____

Address: _____

Telephone No: _____ Mobile No: _____

MEDICAL RECORD:

Diagnostic Test:

Test	Result	Remarks
HCV		
HBS Ag		
X-Ray Chest		

Physical Examination:

Test	Result	Remarks
Eye		
Ear		
Chest		

UNDERTAKING

I hereby state that the information mentioned above is true; I may be terminated from the training if organization finds any bogus information provided by me.

Date: _____

Signature of Candidate

Education Data:

Academic Qualification:

Education/ Qualification	Year of Passing	Total Marks	Obtain Marks	%	Division /Grade	Name of Institute	Board/ University	Major Subjects
Matric								
F. Sc.								
B.A/B.Sc/B.Com								
Others								

Professional Qualification:

Education/ Qualification	Year of Passing	Total Marks	Obtain Marks	%	Division /Grade	Name of Institute	Board/ University	Major Subjects
General Nursing								
Diploma in Midwifery								
Diploma in any specialization								
Others								

Employment Record:

S. No.	Name of Organization	Designation	Department	Date of Employment		Total Experience	
				From	To	Year	Months
1							
2							
3							
4							
5							

Return this complete form along with

1. Attested two copies of Certificates Mark Sheets. Other academic qualifications
2. Attested two copies of Diploma of General Nursing and Other diplomas
3. Six recent passport size photographs.
4. Attested two copies of C.N.I.C. (own and father/husband)
5. Attested two copies of PNC Registration Card (Except Generic B.Sc. N)

Note: Send this complete form with its charges of 600/- rupees as pay order in the name of JINNAH COLLEGE OF NURSING.