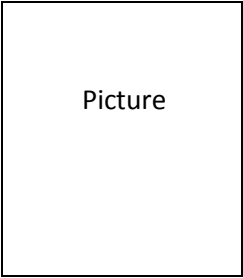




THE SOUTH COLLEGE OF NURSING AND HEALTH SCIENCES MUZAFFARGARH



Program Applied for: 1) Generic BScN 2) Post RN BScN 3) LHV
4) CMW 5) Category B 6) Dispenser
7) OT Technician 8) Laboratory Technician

Personal details (All students must fill this section)

Name (Block Letters) _____

Student's CNIC # _____ Blood Group _____

Father's Name _____ Father's CNIC # _____

Gender Male Female Other Marital Status Single Married

Correspondence Address _____

Permanent Address _____

Email (1) _____ Email (2) _____

Date of Birth _____ Mobile # _____ Res # _____

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Domicile _____ Province _____ City _____

Country of Residence _____ Nationality _____

Do you have any learning disability? Yes No If Yes, please specify _____

Guardian Name: _____ Relation: _____

Have you ever been admitted to any Nursing College/undergraduate program previously ?

Yes No If Yes, please specify _____

Academic Record

Examination	Year of Passing	Roll No	Registration No	Institute	Marks Obtained	Total Marks

*As per PNC requirements

(Candidates who hold qualification other than F.Sc and Matriculation will be required to provide. Equivalence Certificate from the Inter Board Committee Chairmen)

Overseas / International Student Only (Pakistan residents are not required to fill this section)

Country of Residence _____ Overseas Pakistani: Yes No
Nationality _____
Province/ State _____
City _____

Hostel Accommodation Yes No

Status of Applicant (Please Tick One)

I wish to apply as:

Pakistani Student Overseas Pakistani Student Foreign Student

DECLARATION:

IMr./MS. _____ Son/daughter of _____

An applicant for admission to South College of Nursing and Health Sciences Muzaffargarh Solemnly affirms and declares that the above information provided by me is correct. I have obtained and understood the college prospectus and the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of South College of Nursing and Health Sciences currently stated as well as modification of these rules and regulations from time to time by the authorities of the institution. I undertake that I have adequate financial resources to support my studies at South College of Nursing and Health Sciences for the entire duration of the course of study. I hereby assure that all dues will be paid by the due date according to payment schedule of South College of Nursing and Health Sciences.

I fully understand that the refund of any dues paid will be governed by the college refund policy. I will not object to any additional charges levied by the Government, University of the College during the course of my studies. I will clear all by dues including tuition fee and hostel dues before the start of every academic year.

Applicant Signature
with Date

Parent/Guardian Signature
with Date

Documents Required (Check List)

- i. SSC Certificate
- ii. SSC DMC
- iii. FSC Certificate
- iv. FSC DMC
- v. Domicile
- vi. Character certificate
- vii. CNIC/Form B
- viii. Father CNIC
- ix. 4 Picture (Passport Size)