

UNIVERSITY OF HEALTH SCIENCES LAHORE

Khayaban-e-Jamia Punjab, Lahore Phone No (Off) 042-99230395 (6 lines), EXT 321

ADMISSION FORM FOR 2 YEAR POST R.N. B.Sc NURSING PROGRAM

NOTE:

- The form shall be submitted to the Office of the Controller of Examinations.
- The name/spelling of the candidate and his/her father name be correctly written on this form, exactly as per the Matric/Equivalence Certificate, because, the same spelling /name will be finally printed on the Degree issued to you by the University.
- Please fill in the form in <u>black ink</u> and clearly print or type only in CAPITAL letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends and a new word begins in the same line or where nothing further is to be written.
- Avoid any over-writing and other mistakes while filling in the form. Please make sure the form is filled in as neatly as possible.
- Admission form shall be filled in legibly and correctly by the candidate in his/her own handwriting. <u>Incomplete and incorrect admission form may be cancelled. The University shall</u> not take any responsibility for the consequences.
- Wherever small choice field boxes "□" are provided in the form, the box adjacent to the appropriate answer is to be ticked or checked. ☑ or 🗵

Please affix photograph here attested from front side (3X3 cm) with blue background

		sional		Final Professio	onal	
A Full Name (first, middle, last)	PPLICANT'S PER	Sonal Info	RMATIO	N		
Father's Name (first, middle	, last)					
Name of Institution:						
Registration Number:		- U H	S			
lationality :						
lailing Address: (mention all	relevant information	like post code e	etc.)			

9	Appearing as fresh / Repeater (tick whichever is applicable)	
	If Repeater, Number of attempts already made (excluding this attempt): Previous appearances:	
	First Attempt : Annual / Supplementary 200 Roll No	
	Second Attempt : Annual / Supplementary 200 Roll No	
	Third Attempt : Annual / Supplementary 200 Roll No	
10	Subjects in which to be examined	
	1)	
	2)	-
	3)	-
	4)	-
	5)	-
11	Fee Paid Rs: Mode of Payment Draft Bank Receipt	
	Draft/Bank Receipt No: Date: Date:	
	NOTE: Attach original Bank Draft/Bank Receipt with this form	
12	Documents to be attached:	
12	I have attached attested copies of the following documents with this form (tick appropriate box)	
	Diploma in General nursing registered with Pakistan Nursing Council (Only for 1 st Professional)	
	 Diploma in Midwifery for Male nurses one year specialized course registered with Pakistan Nursing Council. (Only for 1st Professional) 	
	DMC of B.Sc (Nursing) of previous Examination	
	03 photographs size (3x3 cm) paste at given place and 01 photograph size (3x3 cm) (attested from back side) attach with admission Form.	
13	CERTIFICATE BY THE APPLICANT	
	- I hereby solemnly declare that : (1) the information provided and statement made by me in thi	is
	form are true and correct to the best of my knowledge and belief and nothing material has been conceale	d

form are true and correct to the best of my knowledge and belief and nothing material has been concealed or withheld herein. (2) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (3) I understand that applying for examination without being eligible for it is a crime punishable under the act of law, and in such case, the University has every right to cancel my result.

Date: _____

Signature of the applicant

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CERTIFICATE BY THE PRINCIPAL

A certificate on a pattern provided below will be sent to the Examination Department no later than two weeks prior to the commencement of the examination. Other wise Roll # slip / Admittance card shall not be issued to their candidates.

{I certify that the candidate is eligible in all respects as per Rules & Regulation of University of Health Sciences, Lahore to appear in this examination.

Dated: _____

Signature of Principal (with stamp)

_}



centre.

UNIVERSITY OF HEALTH SCIENCES

Lahore

Roll No : _____

(Office use only)

Roll NO SLIP

(FOR SUPERINTENDENT)

Examination:	
Name:	
Father's Name:	Please Paste photograph here
Name of Institution:	attested from front side (3X3 cm) with
Subjects in which to be examined:	
	Controller of Examina

UNIVERSITY OF HEALTH SCIENCES Lahore	Roll No : (Office use only)

ROLL NO SLIP

(FOR CANDIDATE TO BE HANDED OVER TO THE SUPERINTENDENT)

Please Paste photograph here tested from front	
side (3X3 cm) with blue background	
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Note: Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the Examination centers. Moreover Cell/Mobile Phones <u>shall not be collected</u> by the centre superintendent or University administration at examination centre.

Signature of the Candidate