

Nishtar Medical University, Multan

Session: _____ Advertisement Reference:-____ Dated:-____

Paste passport size photograph with blue background

Ph: No. (OFF) 061-4516456 website: www.nmu.edu.pk

APPLICATION FORM for MS Nursing ENTRANCE TEST

Note:-F	ill application	form in	capital w	vords.														
<u>Appli</u>	icant's per	sona	l infor	<u>mati</u>	<u>on</u>													
	Full Name (Fir	st, Mido	dle, Last)															
1.																		
	Fathers Name	e ((First,	Middle,	Last)	1							I			ı			.1
2.																		
	Date of Birth	(DD/MN	/I/YY)	Ag			•		G	ende	,	•				•		
3.					4.	1				5.	Ma	le			Fem	ale		
	Contact no.						Domicile				Province							
6.	Personal								7.									
	Other																	
	Marital Status	 }			CNIC	No.												
8.	Single		Married	l	9.					,	-						-	
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	nediate																	
(FA/FS	SC)																	
Bache	elors (BA/BSc)																	
Any o	ther																	

Professional:

Diploma/Degree	Institute /Board/ University	Passing Year	Obtained Marks/ Total	Grade/ Division /Percentage
Diploma in General Nursing				
Diploma in Midwifery / Specialization				
Post RN (2 year Program)				
B.s Nursing (4 year program)				
Any other				

Note:-

I hereby affirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no information has been concealed or withheld herein.

Applicant's signature

Check list for enclosed form and documents:-

Fill all the relevant Columns
Matriculation certificate
Intermediate certificate
Bachelors certificate (attach copy of Detailed Marks Certificate of each year)
Diploma in General Nursing
Diploma in Midwifery / Specialization
Post RN (2 year Program) / B.S Nursing (4 year Program) certificates with Detail Marks Sheets attached
Enclosed attested copy of the National Identity Card.
Enclosed attested copy of Domicile Certificate.
Enclosed four attested copies of recent photographs Passport size with blue background. (pack in envelop)
Experience Certificate (total experience on regular Basis)
Charge report (According to the experience certificate)
PNC registration card updated with registration of post RN (2 year Program) / B.S Nursing (4 year Program)
Publication if any

Note:-

- * Two sets of attested copies of all above documents attached with the application form.
- Attested copies of testimonials and NOC (Govt) be attached with application form.
- ❖ Application form containing false or incomplete information shall not be accepted / entertained.
- ❖ No benefit would be given for any document not attached at the time of submitting application of produced after the closing date.

Applicant's signature