



FORM No:

Tick the course applied for:

1-Certified Nursing Assistant Program (CNA)

2-BSN Nursing Program (Generic BSN Program)

3- Post RN BScN

Affix Photo
Here

Applicant's Name:

Father's/ Husband's Name:

Mother Name:

Guardian Name:

Candidate CNIC No:

Guardian CNIC No:

Age: Marital Status Single Married Others Religion:

Candidate Email:

Present Address:

Permanent Address:

Candidate Contact No:

Guardian Contact No:

Domicile (District):

Application Submission Date:

Hostel Facility for females only: Required Not Required

Academic Qualification:

Qualification	Science/Art	Year of Qualifying	Marks Obtained	Total Marks	% age	Division/ Grade
Matric						
F.Sc (Pre Med)						
Diploma in Midwifery						
Diploma in General Nursing						
Any other						

Professional Experience

Sr#	Organization	Designation	From	TO
1.				
2.				
3.				
4.				
5.				
6.				
Total Experience		_____Years_____Months		

Tel: + 92 42 3786 0101 -04 ext 577 and 578

Email: admissions@sharifmedicalcity.org Website: www.sharifmedicalcity.org

Affidavit by the Candidate:

I solemnly declare that the information given above is true and factual to the best of my knowledge.

Full Name of Applicant: _____

Signature of the Applicant

Date:

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Affidavit by the Parent/ Guardian:

I solemnly declare that Ms./ Miss/ Mrs. _____ is my daughter/ son/wife and he/ she applied for admission in _____ program in Sharif College of Nursing , Lahore with my expressed permission. I further solemnly undertake to pay her/ his all college dues regularly including tuition fee etc.

Full Name of Parent/ Guardian:

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Father’s Sign: _____

Signature of the Parent/Husband/ Guardian

Documents Required:

Attach attested copies of the following:

- 1- Certificate of Matric.
- 2- Character Certificate(School).
- 3- Certificate of F.Sc. Pre Medical(For B.ScN candidates).
- 4- Character Certificate (College).
- 5- Verification from concern board (1, 3), (For B.ScN candidates).
- 6- Diploma of Nursing (for Post RN Candidates).
- 7- Diploma of Midwifery/any post basic specialty (for Post RN Candidates).
- 8- Detailed mark sheets of the (6, 7) mentioned diploma’s (for Post RN Candidates).
- 9- Verification from the office of Direct General Nursing (6, 7), (for Post RN Candidates).
- 10- Copy of Computerized National Identity card (CNIC).
- 11- Copy of Computerized National Identity card (CNIC) of father/ Husband/ Guardian.
- 12- Latest photographs (4 on blue back ground).
- 13- Domicile
- 14- Registration card of PNC (for Post RN candidates only).
- 15- Experience Certificate (Minimum 1 year for Post RN candidates only)

Note: Scanned copy of all these mentioned documents also needed.