



JINNAH COLLEGE OF NURSING ABBOTTABAD

ADMISSION FORM

Photo

Program Applied For:

GBSN POST-RN BSN CNA

Personal Information:

Name (In CAPITAL Letters:)

Father's Name

Guardian Name

Permanent Address:

Specialty Experience KMU Cat Test Mark

Date of Birth: CNIC No.

PNC Reg No Cell No. Email

Educational Qualification:

S.No	Qualification	Passing Year	Board / University	Total Marks	Marks Obtained	% Age
1	Matric					
2	F.Sc (Pre Medical)					
3	Any Other					

Professional Qualification:

S.No	Qualification	Passing Year	Board / University	Total Marks	Marks Obtained	% Age
1	BSN (if applicable)					
2	Diploma Nursing (if applicable)					
3	Specialty					

Undertaking

1. I declare that all the information given above is correct to the best of my knowledge.
2. I undertake that I shall obey the rules and regulations of the Jinnah College of Nursing Abbottabad
3. My false information will be liable to the cancellation of my admission.

Date: _____

Signature of Candidate: _____

Document to be Attached

- | | |
|---|--|
| 1. Passport size Photographs (with white background) - 12 | 5. Affidavit - 04 |
| 2. F.Sc DMC verified by Concerned Board - 03 | 6. Domicile Copies - 03 |
| 3. Provisional Certificate - 03 | 7. PNC Registration Card Copies - 03 |
| 4. CNIC Copies - 03 | 8. Other Education Certificate Copies - 03 |