



BRITISH COLLEGE OF NURSING

KARACHI.

WE DERE TO CARE

APPLICATION FORM

Note:

Candidates are advised to fill the application form completely.

Fil the form in BLOCK LETTERS with Black Pen.

Sr. No.

Applied for:

Photograph

Name:

S/o, D/o, W/o:

Permanen Address:

Present Address:

CNIC No:

Date of Birth:

Gender:

Marital Status:

Domicile:

Religion:

Nationality:

PNC Registration No:

Mobile No:

E-Mail:

Academic Record

Qualificatoin	Year of Passing	Obtain Marks	Total Marks	%	Grade/ Division	Board / University
S.S.C						
H.S.C						
B.Sc / B.A /B.Com						
Other						

Professional Record

Name of Course / Diploma/ Degree	Duration		Institute	Board / University
	From	To		

Employment History

Designation	Duration		Organization	City/ Province/ Country
	From	To		

Copies of documents required:

- | | | |
|---|------------------------------|-----------------------------|
| ✓ Matric Marks Sheet & Certificate attached. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ Intermediate Mark Sheet & Certificate Attached. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ CNIC Attached/ B. Form/ Birth Certificate. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ PRC & Domicile Attached. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ Diploma in General Nursing & Marks Sheet Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ Diploma in Midwifery / Specialization Attached. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ PNC Registration Card Attached. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ Experience Letter Attached. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ Any Other,_____. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date

Signature of applicant

UNDERTAKING

I, _____ S/o, W/o, D/o _____ have read and understood the Terms & Condition and will abide by them. Non-compliance will render liable me for the disciplinary action by the concerned authority of British College of Nursing, Karachi.

I Father / Guardian of Mr. / Miss / Mrs. _____ have read and understood the Terms & Condition and he/ she will abide by them. In case he/ she fails to do so at any stage, he / she will render himself / herself liable for any action that the Principal, British College of Nursing, Karachi Deems fit according to the provision of relevant rules.

Signature of Applicant

Signature of Parents/ Guardian