

PATEL HOSPITAL

(A Project of Patel Foundation)

PATEL COLLEGE OF NURSING & ALLIED HEALTH SCIENCES

Affiliated with DOW University of Health Sciences (DUHS)

	Admis	sion Form	
	Session:		Paste recent
Please Tick☑ one C	hoice:		passport size
☐ B.Sc Nursing (Pos			photograph
0 .	ur Years Degree Program))	
PERSONAL INF	ORMATION:		
Name:	uvalent certificate in block letters)		
S/U, D/U:	or equivalent certificate in block let	ters)	
			e 🗆 Female
CNIC No:			
	0: (For Post RN B.ScN):		
The Registration iv	o. (For Fost RIV B.SCIV).		
Current Address: _			
Permanent Address	:		
Tel No:	 Mob No:	Occupation	·:
		Religion:	
Marital Status:		☐ Married.	
	C		
Phone #		Mobile #	

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EDUCATIONAL INFORMATION:

Academic Qualification:

Academic Qualification	Year of Passing	Total Marks	Obtained Marks	%	Division / Grade	Name of Institute	Board/ University	Major Subjects
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F.Sc								
B.A/B.Sc/B.Com								
Others								

Professional Qualification: (for Post RN B.ScN)

Professional	Year of	Total	Obtained	%	Division	Name of	Board/	Major
Qualification	Passing	Marks	Marks	/0	/ Grade	Institute	University	Subjects
General								
Nursing								
Diploma in								
Midwifery								
Diploma in								
any								
Specialization								
Others								

WORK EXPERIENCE: (for Post RN B.ScN)

S. No.	Name of Organization	Designation	Department	Dat Emplo		Total Ex	perience
				From	То	Year	Months
1							
2							
3							
4							
5							

Note: It is mandatory to submit the verified work experience certificate.

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Name:	
CNIC No:	-
Designation:	
Address:	
Telephone No:	Mobile No:
Reference No. 02:	
Name:	
CNIC No:	
Designation:	
Address:	
Telephone No:	
Declaration: It is to certify that the above-mentioned inform document found incorrect or false any action again or termination or training any time). Signature of candidate	•
8	Signature of Parents/guardian
Date:	Date:
	Date:
Date: Form should be submitted along with fol 1. Attested two copies of □ Certificates qualification.	Date: lowing documents: Mark Sheets
Date: Form should be submitted along with fold 1. Attested two copies of Certificates	Date: lowing documents: Mark Sheets
Date: Form should be submitted along with fold 1. Attested two copies of Certificates qualification. 2. Provisional certificate (In case you have not provided in the context of the contex	Date: lowing documents: Mark Sheets
 Date:	Date: lowing documents: Others Academic It received original Board certificate) duly I Nursing and Other for Post RN & Diploma
 Date:	Date: lowing documents: Mark Sheets Others Academic of received original Board certificate) duly Nursing and Other for Post RN & Diploma father/husband)
 Date:	Date: lowing documents: Mark Sheets Others Academic treceived original Board certificate) duly Nursing and Other for Post RN & Diploma ather/husband) tion Card (Post RN & Cardiac Nursing)

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