



AL-REHMAN COLLEGE OF NURSING &
HEALTH SCIENCES, VEHARI

Passport Size
Photo

ADMISSION FORM

Session: _____

Form No: _____

Program: BSN

POST RN

LHV

CMW

Personal detail

Gender: Male

Female

Religion: Muslim

Non-Muslim

Name: _____

CNIC NO: _____ **Date of Birth:** _____

Postal Address: _____

Tehsil: _____ **District:** _____

Domicile: _____ **Province:** _____

Contact No: _____ **Home Contact:** _____

Email: _____

Father /Guardian Detail

Name: _____

Relation: _____

CNIC No: _____

Contact No. _____

Monthly Income: _____

Occupation: _____

Academic Qualification

Academic Certificate	Examination Board	Regular/ Private	Session	Total Marks	Obtained Marks	Percentage in science subjects	Percentage
FSc							
Matric							
Any other document							

Instructions/Regulations Regarding Admission:

- Attested copy of Matriculation/FSc (Pre-Medical) Certificate.
- Two attested passport size photographs.
- Attested copies of CNIC/Farm-B.
- Attested copies of Father’s CNIC.
- Attested copies of domicile certificate.
- Attested copies of character certificate.
- Medical fitness certificate issued from any Government Hospital.
- Candidates are advised to write their addresses clearly.

Affidavit: (To be Produced on Rs.100 Stamp)

I _____ S/D of _____ solemnly declares that: Information given in admission form is true to my knowledge. I have studied/read all the rules and conditions thoroughly before filling in the admission form. I will abide by the institute/University/PNC rules & regulation circulated from time to time & shall bear the complete responsibility of any disciplinary action taken against me.

Declaration

I, Mr. /Ms. _____ Son/daughter of _____ an applicant for admission to Al-Rehman college of Nursing, Vehari solemnly affirm and declare that all the above information given by me is correct. I have read and understood the College Prospectus and the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of Al-Rehman College of Nursing. I undertake that I have adequate financial resources to support my studies at Al-Rehman College of Nursing for the entire duration of course of study. I will not object to any additional charges levied by the College authority or University during the course of my studies.

Applicant’s Signature

Guardian’s Signature

Applicant’s signature

For Office Use Only

Sr#	Particulars	Attached	Not attached
1	Attested copy of Matric/FSc (Pre-Medical) Certificate.		
2	Attested copies Of Domicile certificate.		
3	Attested copies of Father's CNIC.		
4	Attested copies of PNC Registration Card.		
5	Attested copies of CNIC/Farm-B.		
6	Medical fitness certificate issued from any Government Hospital.		
7	Two attested passport size photographs		
8	Attested copies of Character certificate.		

Checked by Authorized Officer

Name: _____

Signature: _____

RECEIPT:

Course applied for:	Dairy #	Date	Signature