



MUSTAFA KAMAL INSTITUTE

Nursing & Medical Sciences

A Project of Kamal Education Complex

SESSION: _____

ADMISSION FORM

(1) PERSONAL DETAILS

FILL THE FORM IN CAPITAL LETTERS

STUDENT NAME (As in Matric Certificate)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

GENDER

MALE FEMALE

MARITAL STATUS

SINGLE MARRIED

STUDENT CNIC/B-FORM

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PARENT / GUARDIAN NAME: (As in Matric Certificate)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PARENT / GUARDIAN CNIC

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

Department of Nursing

Generic BS Nursing	(4 Years)	<input type="checkbox"/>
BS Post RN	(2 Years)	<input type="checkbox"/>
ICU / CCU	(1 Years)	<input type="checkbox"/>
LHV (Lady Health Visitors)	(2 Years)	<input type="checkbox"/>
CMW (Community Midwife)	(2 Years)	<input type="checkbox"/>



Allied Health Technology

RIT (Radiography & Imaging Technology)	(2 Years)	<input type="checkbox"/>
OTT (Operation Theater Technology)	(2 Years)	<input type="checkbox"/>
MLT (Medical Lab Technology)	(2 Years)	<input type="checkbox"/>
Dispenser	(2 Years)	<input type="checkbox"/>
Pharmacy Technician	(2 Years)	<input type="checkbox"/>

(3) ACADEMIC INFORMATION

CERTIFICATE	BOARD	PASSING YEAR	OBTAINED MARKS GRADES/CGPA	TOTAL MARKS GRADES/CGPA
Matric Certificate				
Intermediate (Pre-Medical)				
Other				

(4) IUB NAT (Nursing Aptitude Test For BSN):

STATUS	PASSING DATE	MARKS OBTAINED
Clear <input type="checkbox"/> Not Clear <input type="checkbox"/>	M M Y Y Y Y	

(5) Hostel Required (Females Only) Yes No Transport Required Yes No KEC Financial Aid Yes No

(6) DOCUMENTS REQUIRED

Please Submit Three (03) Attested Set of these documents

- | | | |
|---|---|--|
| 1 Matric Certificate <input type="checkbox"/> | 4 SIX PASSPORT PHOTOGRAPHS <input type="checkbox"/> | 7 NAT Result Card <input type="checkbox"/> |
| 2 F.Sc (PRE-MEDICAL) Certificate <input type="checkbox"/> | 5 CNIC/PASSPORT <input type="checkbox"/> | |
| 3 DOMICILE <input type="checkbox"/> | 6 BANK CHALLAN <input type="checkbox"/> | |

Date _____

Applicant's Signature _____

Parent/Guardian's Signature _____

FOR OFFICE USE ONLY

ADMISSION: Granted Rejected Challan No. _____

Section: _____ Registration/Roll No: _____ Date of Admission _____

Remarks: _____

Admission Officer _____ Principal _____

I declare that the above information is correct. I have read and understood the college prospectus and the admission procedure. I agree to abide by the rules and regulations of MUSTAFA KAMAL INSTITUTE OF NURSING AND MEDICAL SCIENCES about selection, discipline, and other academic affairs. I have adequate financial resources to support my studies.

