



Buner Institute of Health Sciences

APPLICATION FOR ADMISSION OF NURSING PROGRAM

Applied for: BSN (4 Years Program) Post-RN BSN (2_ Years Program)

1. Full Name (Capital letters)

Mr./Miss/Mrs. _____

2. Date of Birth _____ Place of Birth _____

Religion _____ Marital Status _____

Domicile _____

3. Student Contact No. _____

Student e-mail address: _____

Paste one passport size
photograph

4. CNIC No. of Student:

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5. Father's Name (Capital letters): _____

6. Father's Occupation: _____

7. Father's Phone Number Mob: _____ Home: _____ Office: _____

8. Permanent Home Address: (For Correspondence): _____

9. Father's e-mail address (if any): _____

10. Passport/CNIC No. of Father: _____

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11. (2nd Guardian)

Guardian's Name (Capital letters): _____

Guardian's CNIC No

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A. Guardian's exact relationship with the applicant: _____

B. Guardian's Occupation: _____

C. Permanent Address: _____

D. Guardian's Phone Numbers Mob: _____

E. Guardian's e-mail address (if any): _____

12. Qualification of the applicant

Sr. No.	Examination Passed	Board From Which Passed	Roll No.	Year of Passing	Name of School/ College	Marks Obtained & % age
1	Matriculation/ Equivalent					
2	Intermediate (F.Sc.) Pre-Medical/ Equivalent					
3						

13. Solemn affirmation by the applicant and his father/guardian

We solemnly affirm that information given above is correct to the best of my knowledge. If it is found that any of the statements was false, the applicant will lose the right of admission and, if admitted, the Institute will have the right to expel me. The applicant will also be liable to any further departmental or legal action that the Buner Institute of Health Sciences (BIHS) may deem fit to take.

Father/Guardian's Signature

Signature of Student

Check List:

Make sure that you have deposited the attested photocopies of following documents with the admission form:

1. National identity Card / Form B / Passport
2. Matriculation or Equivalent qualification Certificate
3. F.S.C (Pre-Medical) or equivalent qualification Certificate
4. Three passport size colour photograph of the applicant.
5. Domicile Certificate

Date: _____