

## **Buner Institute of Health Sciences**

## APPLICATION FOR ADMISSION OF NURSING PROGRAM

Applied for:	BSN (4 Years Program) Post-RN BSN (2_ Years Progra	am) 🔲
Full Name (Capital lett     Mr./Miss/Mrs	ters)	
Religion ————————————————————————————————————	Place of Birth Marital Status	Paste one passport size photograph
Student e-mail addres 4. CNIC No. of Student:	ss:	
5. Father's Name (Capita	-	
6. Father's Occupation:		
	ber Mob: Home: Offi dress: (For Correspondence):	
9. Father's e-mail addre	ess (if any):	
10. Passport/CNIC No. o	of Father:	
11. (2 <sup>nd</sup> Guardian) Guardian's Name (Cap	pital letters):	
Guardian's CNIC No	elationship with the applicant:	
	ation:	

D. Guardian's Phone Numbers Mob:  E. Guardian's e-mail address (if any):  Z. Qualification of the applicant  Sr.  No.  Passed  Board From Which Passed  Roll No.  Passing  School/ College  Marks Obtained & % age  1 Matriculation/ Equivalent  2 Intermediate (F.Sc.) Pre-Medical/ Equivalent  3 Solemin 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 alse, the applicant will lose the right of admission and, if admitted, the Institute will have the right to expel me. The applicant will lose the right of admission and, if admitted, the Institute of Health Sciences (BHS) may deem fit to take.  Father/Guardian's Signature  Signature of Student  National identity Card / Form B / Passport  Matriculation or Equivalent qualification Certificate  F.S.C (Pre-Medical) or equivalent qualification Certificate  F.S.C (Pre-Medical) or equivalent qualification Certificate  Three pessport size colour photograph of the applicant.  Domicile Certificate	D ^	andiana Blassa North	- Mah				
2. Qualification of the applicant  Sr. Examination Passed Board From Which Passed Roll No. Year of Passing School/ Obtained & College & % age  1 Matriculation/ Equivalent  2 Intermediate (F.Sc.) Pre-Medical/ Equivalent  3 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 alse, the applicant will lose the right of admission and, if admitted, the Institute will have the right to expel me. The applicant wie 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 hete List:  lake sure that you have deposited the attested photocopies of following documents with the admission form:  National identity Card / Form B / Passport  Matriculation or Equivalent qualification Certificate  F.S.C (Pre-Medical) or equivalent qualification Certificate  Three passport size colour photograph of the applicant.							
Sr. Examination   Board From Which Passed   Roll No.   Year of   Name of   School   College   % age    1   Matriculation   Equivalent							
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