

Hostel Accommodation

Yes

No

Have you ever been admitted to any Nursing College/Undergraduate Program Previously

Yes No If Yes, Please Specify _____

DECLARATION:

I Mr./Ms. _____ Son/Daughter of _____

An applicant for admission to Shams College Vehari Solemnly affirms and declares that the above information provided by me is correct. I have obtained and understood the college prospectus and the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of Shams College currently stated as well as modification of these rules and regulations from time to time by the authorities of the institution. I undertake that I have adequate financial resources to support my studies at Shams College for the entire duration of the course of study. I hereby assure that all dues will be paid by the due date according to payment schedule of Shams College.

I fully understand that the refund of any dues paid will be governed by the college refund policy. I will not object to any additional charges levied by the University/Council of the College during the course of my studies. I will clear all my dues including tuition fee and hostel dues before the start of every academic year/semester.

Date of Admission

Applicant's Signature

Parent/Guardian's Signature

FOR OFFICE USE ONLY

Program: _____

Cash: _____

Receipt No: _____

ADMISSION:

Granted

Rejected

Remarks _____

Admission Officer _____

Accountant _____

Principal _____



SHAMS COLLEGE OF NURSING

163/G-Block Vehari, Punjab, Pakistan

0300-4003163/ 0300-4002163

scnv.edu@gmail.com

www.scnv.edu.pk

**POST
RN**

STUDENT DETAIL (All in CAPITAL Letters)

1	Student Name	
2	PNC Card No. (If applicable)	
3	I.D Card No (00000-000000-0)	
4	Gender	
5	Email Address (Active)	
6	Mobile No (0300-1234567)	
7	Whatsapp No (Active)	
8	Date of Birth (DD-MM-YYYY)	
9	City of Residence (As Per CNIC)	
10	Domicile District	
11	Mailing Address	
12	Permanent Address	
13	Blood Group	
14	Religion	
15	Disability (If Any)	
16	Hafiz Quran (Yes/No)	

Father Name & CNIC

17	Father Name	
18	I.D Card No(00000-0000000-0)	

Guardian Detail

19	Guardain Name	
20	I.D Card No(00000-0000000-0)	
21	Relationship/Father/Mother/ Uncle/Brother)	
22	Occupation	
23	Mobile No(0300-1234567)	
24	No of Dependent on Guardian Income	

Matriculation Detail

25	Board Name	
26	Roll No	
27	Registration No	
28	Passing Year	
29	Total Marks	
30	Obtained Marks /Per%	
31	Total Marks Science Subjects	
32	Obtained Marks /Per%	
33	Total Marks in Biology	
34	Obtained Marks /Per%	

General Nursing

35	Board Name (NEB)	
36	Roll No	
37	Registration No	
38	Passing Year	
39	Total Marks	
40	Obtained Marks / Per%	

Midwifery

41	Board Name (NEB)	
42	Roll No	
43	Registration No	
44	Passing Year	
45	Total Marks	
46	Obtained Marks /Per%	