



FORCES

COLLEGE OF NURSING

A Project of Forces School & College System

Campus Name / City: _____

Form No.: _____

Student I.D.: _____

Session: _____

ADMISSION FORM

PROGRAM OF STUDY

DEGREE PROGRAMMES:

BSN POST RN BSM

DIPLOMA PROGRAMMES:

LHV CMW FWW CNA Other _____

PERSONAL INFORMATION

Name: _____ Father's Name: _____

Nationality: _____ Religion: _____

CNIC: _____ D.O.B: _____

Email: _____ Phone: _____

Sex: Male Female Marital Status: Single Married

Address (Present): _____

Address (Permanent): _____

Passport Size
Photo

GUARDIAN INFORMATION

Name: _____ Occupation: _____

Relation: _____ Mobile No.: _____ Emergency Contact.: _____

Address: _____

ACADMIC PROFESSIONAL QUALIFICATION

Qualification	Board / University	Course / Subjects	Marks Obtained	Total Marks	Grade	Year
Matriculation						
Intermediate						
Graduation						
Post-Graduation						
Any Other						

Give One Reference: _____

Distinction/Awards: _____

I, DECLARE THAT

1. All information given by me on this form are correct and complete.
2. I understand that the College may refuse, reverse or terminate any enrolment on the basis of untrue, misleading or incomplete information.
3. I am applying for admission with the consent of my Parents / Guardians.
4. If admitted I shall abide by the rules, regulation and policies of the College.
5. I shall not take part in any political or any unlawful activity.
6. I shall not smoke in or around the College Campus or shall not use prohibited drugs.
7. I shall follow the dress code of the College.
8. I shall attend classes regularly as required by the institution as well as by the Government Regulations.
9. In case of any change in my mailing address, I shall immediately inform the College Office. In case, College Correspondence / reports do not reach my given address, I / my parents shall Contact College Office immediately and collect the duplicate copy.
10. In case of failure in send-up / semester examination / poor attendance / dues default, I shall be treated as ineligible to apply / appear for Board / University / College Examination.
11. All fees are non-refundable and non-transferable and I shall never claim it.
12. The Registration / Admission fees of Board and University shall be paid by the students.
13. I have read the prospectus thoroughly.
14. Any student aggrieved by any event in the College shall lodge a complaint with the Principal/Registrar and not with any outside authority unless the Principal / Registrar permits him / her to do so.
15. To accommodate modern trends the college authorities, have the right to change the course requirement, fee, course nomenclature, course content, class schedule, venue, faculty, etc any time.
16. Reviewing and interpreting policies and regulations for better academic discipline by the competent College authority is not challengeable.
17. No prior notice is obligatory.

Applicant's Signature: _____

Date: _____

Father's / Guardian's Signature: _____

Date: _____

CHECK LIST

Have you attached the following documents?

Your application shall not be entertained unless all essential documents are included:

- Two Passport size photographs
- Two attested copies of Matriculation Certificate
- Two attested copies of Intermediate
- Two attested copies of Graduation
- Two attested copies of National Identity Card
- Two attested copies of Character Certificate
- NOC in Case of the Other Board/University
- Two attested copies of Domicile Certificate

Fee Package			Mode of Payments		
Particulars	Nature	Amount	Installments	Date	Amount
Admission Fee	Once				
Registration Fee	Once				
Tuition Fee	Per Semester/ Annual				
Examination Fee	Per Semester / Annual				
Other			Total		

Admission Officer

Admission Manager

Principal

FOR OFFICE USE ONLY

Form No.: _____ Date: _____

Admission Test: _____ Interview: _____ Admission Granted: _____

Remarks: _____