Registration	No.			
•		(For office use only		



COLLEGE OF NURSING CIMS BAHAWALPUR

Photo

APPLICATION ADMISSION FORM FOR GENERIC BSN 4 YEARS DEGREE PROGRAM

Please answer truthfully all of these information / write name in the **BLOCK LETTERS**.

Personal Data:									
Name			Father's/ Guardian's Name						
Marital Status		D:	Date of BirthAge						
Domicile District		Pro	ProvinceReli		Religion				
CNIC / Form-B	No.		-				-		
Permanent Hom	e Address								
Contact Details	<u></u>								
Postal Address									
Phone No. Res:		Mobil	e:	En	nail:				
Qualification	Name of	Institution	Examination Board	Passing Year	Marks Obtained	Total Marks	Percenta	age	
Matriculation									
F.Sc									
Any other Qualification									
Details of Bank	Draft / Pa	y order:-				•	1		
Bank Name:			Amount:						
Pay order / Draft	t No								
Date:			Signature of Ap	plicant / Car	ndidate:				
			 (For office use onl						
Registration No		•	Name						
			Contact No.						
Date:			Signature of I/C Student Affairs:						