

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 _____ Date of Birth _____ Age _____

Domicile District _____ Province _____ Religion _____

CNIC / Form-B No.

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Permanent Home Address _____

Contact Details:

Postal Address _____

Phone No. Res: _____ Mobile: _____ Email: _____

Qualification	Name of Institution	Examination Board	Passing Year	Marks Obtained	Total Marks	Percentage
Matriculation						
F.Sc						
Any other Qualification						

Details of Bank Draft / Pay order / in Cash:-

Bank Name: _____ Amount: _____

Pay order / Draft No. _____

Date: _____ Signature of Applicant / Candidate: _____

(For office use only)

Registration No. _____

Name _____

Father's / Guardian's Name _____ Contact No. _____

Date: _____ Signature of I/C Student Affairs: _____