



RAI FOUNDATION
COLLEGE OF NURSING
SARGODHA

Rai Foundation College of Nursing

Admission Form

Session of 20____-20____

BSN Generic

Post RN BSN/ Post RN BSM

Lady Health Visitor

Community Midwife

Diploma in A&E

FOR OFFICE USE ONLY

REGISTRATION NO		ROLL NO	
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1-Personal Information

1. Name of the Applicant

2. Father's/Guardian Name

3. Mother's Name

4. Gender

M F

5. Nationality

Paste Recent Color
Photograph (3.5cm wide &
4.5cm high) attested on
the front and attach three
attested on the back

6. Date of Birth

D D M M Y Y Y Y

7. Province of Domicile

8. District of Domicile

9. CNIC/B-Form No.

10 Mailing Address (Res.) in Pakistan only

11 Tel (Landline)

12.Cell

13. E-mail

2-Qualifications

Examination Passed	Science Subjects	Institution Attended	Board / University	Year of Passing	Marks Obtained (Equivalence)	Total Marks
SSC/Equivalent						
HSSC/12 th Grade/ Equivalent						

For BSN Post RN (2-Year Program)

Examination Passed	Science Subjects	Institution Attended	Board / University	Year of Passing	Marks Obtained (Equivalence)	Total Marks
G. Nursing						
Midwifery						
Others						

For BSN Post RN (2 Years Program) (Experience Details)

PNC Registration No. _____ Expiry date _____

Clinical Experience			
S. No	Name of Hospital	Job Title	From – To
Total Experience			

3-Required Documents / Declaration**Following documents must be attached:**

- Attested photocopies of Matric / F.Sc Certificate (3 copy)
- Attested photocopies of Domicile Certificate (3 copies)
- Attested photocopies of National CNIC/B-form (3 copies)
- Attested photocopies of Father's/ Guardian CNIC (3 copies)
- Attested Pictures (6 Pictures)
- Attested photocopies of Diploma & Detailed Mark Sheet General Nursing(1 copy) For Post RN
- Attested photocopies of Diploma & Detailed Mark Sheet Midwifery (1 copy) For Post RN
- Attested photocopies of PNC Registration Certificate (1 copies) For Post RN
- Attested photocopies of Experience Certificate (1 copies) For Post RN
- Original NOC from the respective institute For Post RN

Declaration

I hereby declare that all the information provided above is true to the best of my knowledge.

I agreed to abide by all the Rules & Regulations of Rai Foundation Allied Health Sciences College and in case of violation. I will be liable for disciplinary action which may include termination of training and or expulsion from the institution

I have read all the contents of prospectus regarding dues/fee, rules & policies.

Signature of Applicant

Parent/ Guardian Signature

Principal Signature

Dean/ Chairman