# Rai Foundation College of Nursing

## Admission Form

**Session of 20____-20_____**

**BSN Generic** Morning ☐ Evening ☐ **Post RN BSN** ☐

**Lady Health Visitor** ☐ **Community Midwife** ☐

**Diploma in A&E** ☐ **Certified Nursing Assistant** ☐

## FACILITIES REQUIRED

**HOSTEL ACCOMODATION** ☐ **TRANSPORT** ☐

## FOR OFFICE USE ONLY

| REGISTRATION NO | | ROLL NO | |
|---|---|---|---|

## 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/12th 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**