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	☐	**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
  Hostel Acc

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**