



**POST GRADUATE COLLEGE OF NURSING (PGCN)
HAYATABAD PESHAWAR
APPLICATION FORM FOR ADMISSION
Post Basic Diploma in Nursing Specialty
(01 YEAR) PROGRAM
SESSION FALL 2023**



Form No. _____ (For office use only)

(The form should be filled in BLOCK letters)

Note: Please read the instructions given in the admission policy in the prospectus and on the reverse of application form before filling this form. Applicant shall pay Rs. 1000/- in PGCN Account (through payment slip which is already attached with the form) in any branch of **National Bank of Pakistan** and attach the original fee receipt at the time of submission of application form.

Paste three
photographs

Name: _____ Father/Husband Name: _____
(As per SSC or equivalent certificate in BLOCK letters)

Date of Birth (dd/mm/yyyy): _____ Gender: _____ Male / Female

Domicile: _____ CNIC No.: _____ Nationality: _____

Postal Address: _____

Contact No. (landline) _____ Cell: _____ Email: _____

Name & Contact No. in case of emergency: _____

Permanent address: _____

Application Processing Fee: _____ Amount: Rs. _____ Receipt No. _____ Dated: _____

EDUCATIONAL RECORD:

| Qualification (SSC & onward) | Year of passing | Annual / Supply / Marks Improved | Exam. Roll No | Total Marks | Obtained Marks | Name of Board / University |
|---------------------------------|--------------------|--|------------------|----------------|-------------------|-------------------------------|
| Matric | | | | | | |
| FSc | | | | | | |
| Diploma in General Nursing | | | | | | |
| | | | | | | |

I certified that the facts produced in the form are correct to the best of my knowledge: -

Signature of the Applicant

Signature of the Applicant's Father/Guardian

CNIC No. _____

For office Use only

| Remarks / Requirements (Scrutiny Committee) |
|---|
| |

Checked by Members of Scrutiny Committee: _____ Chairman Scrutiny Committee: _____

Attach attested photocopies of the following documents with the application form in the following sequence:

Note: Check (✓) the relevant box for the attached documents.

- ☐ Three Passport size coloured photographs of the applicant attested on the back.
- ☐ A copy of Computerised National Identity Card of the candidate.
- ☐ A copy of computerized National Identity Card of the father/guardian of the applicant.
- ☐ A copy of domicile certificate of the candidate.
- ☐ Copy of Transcript and Certificate of Secondary School Examination (Science /equivalent).
- ☐ Copy of Transcript and Certificate of Higher Secondary School Examination (Science /equivalent).
- ☐ Copy (s) of DMCs and diploma in General Nursing.
- ☐ Copy of valid PNC Registration.

IMPORTANT NOTES/INSTRUCTIONS

1. All applicants must appropriately fill and sign the admission form. **Incomplete/not properly filled form in any respect will not be considered.**
2. Application forms with any **false statement** by the candidate will be rejected.
3. For prospectus, admission detail plan, entry test and interview dates please visit PHSA website **www.phsa.edu.pk** frequently.
4. **Application form shall be submitted on due date to the Office of the Post Graduate College of Nursing, Phase-5, Sector: B-2, Hayatabad, Peshawar. Tel: +92-91-9217370.**

**POST GRADUATE COLLEGE OF
NURSING
Phase-5, Hayatabad Peshawar**

National Bank of Pakistan (NBP)

Account No.

PK84NBPA1759004011738753

(BANK COPY)

Date: _____

**STUDENTS ADMISSION FEE DEPOSIT SLIP FOR
POST BASIC DIPLOMA IN NURSING SPECIALITY**

Name: _____.

Father Name: _____.

CNIC#: _____.

Amount payable Rs.**1000/-**

In words Rupees: **One Thousand only.**

Admission fee submitted for: _____

Signature of Depositor: _____

Last Date: **22/12/2023.**

Bank Authorized signature with Stamp

Note:

1. All columns must be filled with legible handwriting.
2. All columns are mandatory.

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Phase-5, Hayatabad Peshawar**

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NURSING
Phase-5, Hayatabad Peshawar**

National Bank of Pakistan (NBP)

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(APPLICANT COPY)

Date: _____

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