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| Provincial Health Services Academy | **POST GRADUATE COLLEGE OF NURSING (PGCN) HAYATABAD PESHAWAR**  **APPLICATION FORM FOR ADMISSION**  **POST RN BScN (02 YEARS) PROGRAM**  **SESSION FALL 2024** | **Logoooooo1** |

Form No. \_\_\_\_\_\_\_\_\_ *(For office use only)*

Paste three photographs

***(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.

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:**

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| **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** |  |  |  |  |  |  |
| **Diploma in Midwifery**  (Post Basic Specialty for male in lieu of midwifery) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**For office Use only**

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| **Remarks / Requirements (Scrutiny Committee)** |
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**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 (s) of DMCs and diploma in midwifery/Any Specialty.
* 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.**

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| **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 RN BScN PROGRAM**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  CNIC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Amount payable Rs.**1000/-**  In words Rupees: **One Thousand only**.  Admission fee submitted for: \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Signature of Depositor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Date: **31/10/2024.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Bank Authorized signature with Stamp**  Note:   1. All columns must be filled with legible handwriting. 2. All columns are mandatory. | **POST GRADUATE COLLEGE OF NURSING**  **Phase-5, Hayatabad Peshawar**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  National Bank of Pakistan (NBP)  **Account No. PK84NBPA1759004011738753**  **(PGCN COPY)**  **Date:**\_\_\_\_\_\_\_\_\_\_\_\_  **STUDENTS ADMISSION FEE DEPOSIT SLIP FOR POST RN BScN PROGRAM**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  CNIC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Amount payable Rs.**1000/-**  In words Rupees: **One Thousand only**.  Admission fee submitted for: \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Signature of Depositor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Date: **31/10/2024.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Bank Authorized signature with Stamp**  Note:   1. All columns must be filled with legible handwriting. 2. All columns are mandatory. | **POST GRADUATE COLLEGE OF NURSING**  **Phase-5, Hayatabad Peshawar**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  National Bank of Pakistan (NBP)  **Account No. PK84NBPA1759004011738753**  **(APPLICANT COPY)**  **Date:**\_\_\_\_\_\_\_\_\_\_\_\_  **STUDENTS ADMISSION FEE DEPOSIT SLIP FOR POST RN BScN PROGRAM**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  CNIC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Amount payable Rs.**1000/-**  In words Rupees: **One Thousand only**.  Admission fee submitted for: \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Signature of Depositor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Date: **31/10/2024.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Bank Authorized signature with Stamp**  Note:   1. All columns must be filled with legible handwriting. 2. All columns are mandatory. |