



Suvastu School of Nursing & Health Sciences

ADDRESS: 26/A sector # 2-B Nayab Market, Aligarh Bazar,
Near Allah wali Masjid Banaras, Orangi Town Karachi.
Ph # +92-335-1999444 / Email : suvastu.snhs@gmail.com

ADMISSION FORM

Application# (AP No)

PHOTOGRAPH

(PROGRAM APPLIED FOR)

FILL THE FORM IN BLOCK LETTERS.

1. PERSONAL

Name of Applicant _____ Father's Name _____
(As per Matric Certificate) (As per Matric Certificate)

Nationality _____

Date of Birth

		-			-			
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CNIC #

						-						-			
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 Marital _____ Job Status _____ Religion _____ Gender _____
(Govt. / Pvt.)

Home Address (Present) _____ Tel No. _____
Mobile: _____

Home Address (as mentioned in NIC) _____ E-mail: _____

1 EDUCATION AND ACADEMIC DEGREES

Academic Degree	Major Subject	School/University/Board	Country	Duration	Result (% A-D)
Matric					
Intermediate					
Diploma in Nursing					
Post Basic Diploma					
Other Degree					

2. PRACTICAL / PROFESSIONAL WORK EXPERIENCES

Institution	Position Held	Duration	From	To

3. COMPUTER SKILLS (PLEASE TICK IN THE RELEVANT BOX)

Language	None	Fair	Good	Excellent
MS Word				
MS Excel				
MS Power Point				
Internet				
Any Other Advance Skill				

4. REASONS FOR SELECTING THIS INSTITUTE

5. YOUR RECOGNITION / REGISTRATION OF PROFESSIONAL EDUCATION

Name of Registration Authority: (Like PNC) _____

Registration No. _____ Valid up to _____

6. SOCIAL ENGAGEMENTS / EXTRA CURRICULAR INTEREST

APPLICANT'S DECLARATION

I certify that the information in this application is accurate to the best of my knowledge. Furthermore I agree to inform to the admission cell, **SSNHS** immediately of changes and amendments.

I have taken note of the information provided in and regarding this application as well as the notice about the storage of personal data. I accept responsibility for the completeness of my application. I agree that this application and accompanying documents shall remain with the admission cell, Suvastu School of Nursing & Health Sciences.

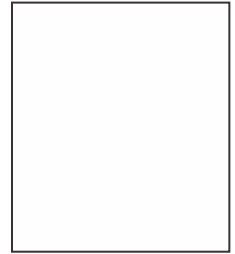
Signature

Date

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Candidates are advised to read the prospectus carefully for admission to the full Time Postgraduate Program at **SUVASTU SCHOOL OF NURSING & HEALTH SCIENCES** ,before submitting the application form.
2. Fill all the columns of application form in **BLOCK LETTERS** with **BLACK PEN**.
3. Be sure to tick the appropriate Box in the application form..
4. Photocopies of all required documents must be attested by **Govt. officer, grade 17** and above.
5. Photocopy of the application form and incomplete form will be rejected.
6. No form will be accepted in any case after closing date and time of the application form.
8. Carefully check the '**Required Documents**' list mentioned in the prospectus before submitting the application form.
9. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
10. The application form and required documents completed in all respect should be submitted to **INSTITUTE ON TIME**
11. If any eligible candidate has not received the admit card 48 hours prior to the entrance Test, he/she should contact **SSNHS Admission Office**
13. **DO NOT** submit the original documents along with the application form.
14. All queries should be sent on email address mentioned on the Back page.
15. No candidate should contact personally for any queries.

PARTICULARS OF FATHER/MOTHER/ GUARDIAN



1. Name _____

Photo of Father / Guardian

2. Occupation _____ 3. Designation _____

4. Place of work _____

5. Name of organization _____

6. Office Address _____

7. Present Residential Address _____

8. Permanent Address _____

9. Email address _____ 10. Office Phone _____

11. Mobile Phone _____ 12 Res. Phone _____

13. Any Other Contact Number _____

14. Annual Income _____ 15. Religion _____

16. Nationality _____ 17. NADRA NIC No. _____

Father's / Guardian Signature : _____

HEALTH CERTIFICATE

Note: (Section A, B, & C will be filled by the candidate)

SECTION A

Name: _____ S/o, D/o _____

Age:	Days	Months	Years
------	------	--------	-------

Height: _____ Weight: _____

Present Address: _____

SECTION B

- | | | |
|--|-----|----|
| 1. Do you smoke? | Yes | No |
| 2. Do you take any medicine regularly? | Yes | No |
| If yes, Specify _____ | | |
| 3. Any history of allergy..... | Yes | No |
| 4. Do you suffer from any of the following diseases? | Yes | No |
| i. Epilepsy..... | Yes | No |
| ii. High Blood Pressure..... | Yes | No |
| iii. Psychiatric illness..... | Yes | No |
| iv. Rheumatic Heart Disease..... | Yes | No |
| v. Hepatitis B/C..... | Yes | No |
| vi. Physical Disability | Yes | No |

If yes, Specify _____

SECTION C

Details of previous Vaccination

- | | | |
|------------------------|-----|----|
| 1. Measles..... | Yes | No |
| 2. Mumps..... | Yes | No |
| 3. Rubella..... | Yes | No |
| 4. Tetanus..... | Yes | No |
| 5. Pertussis..... | Yes | No |
| 6. Whooping Cough..... | Yes | No |
| 7. Hepatitis B..... | Yes | No |

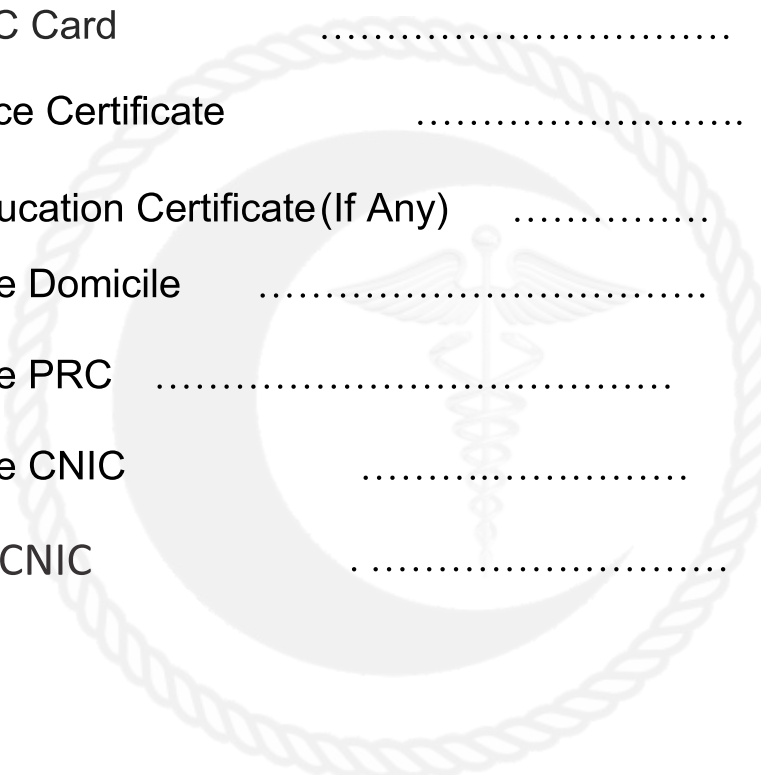
Detail of Booster Vaccination

Certification: I hereby certify that the above information given by me is correct.

Signature Father / Mother

Signature

DOCUMENTS REQUIRED/CHECK LIST

- | | | |
|--|-----|----|
| 1. Matric Certificate / Marks Sheet | Yes | No |
| 2. Intermediate Certificate / Marks Sheet..... | Yes | No |
| 3. Diploma and Final / Year consolidated Marks Sheet.. | Yes | No |
| 4. Specialization Diploma if required | Yes | No |
| 5. Valid PNC Card | Yes | No |
| 6. Experience Certificate | Yes | No |
| 7. Other Education Certificate (If Any) | Yes | No |
| 8. Candidate Domicile | Yes | No |
| 9. Candidate PRC | Yes | No |
| 10. Candidate CNIC | Yes | No |
| 11. Father's CNIC | Yes | No |
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Suvastu School of Nursing & Health Sciences



ADMIT CARD FOR ENTRY TEST

Candidate's Copy

Program Applied for

SESSION _____

Roll No. _____

Name: _____

S/o, D/o, W/o: _____

Postal Address: _____

Tel No: _____ Mobile No: _____

Paste Photograph
Size (1 x 1)

Signature of Candidate

Date _____
ReportingTime _____

For Official Use
Name _____
Signature _____
Seal _____

Note See Instruction Overleaf

Suvastu School of Nursing & Health Sciences



ADMIT CARD FOR ENTRY TEST

SSNHS COPY

Program Applied for

SESSION _____

Roll No. _____

Name: _____

S/o, D/o, W/o: _____

Postal Address: _____

Tel No: _____ Mobile No: _____

Paste Photograph
Size (1 x 1)

Signature of Candidate

Date _____
ReportingTime _____

For Official Use
Name _____
Signature _____
Seal _____