

APPLICATION FORM

FOR ADMISSION IN

Application No. (AP No.)

BACHELOR OF NURSING (Session 2017)

at INSTITUTE OF NURSING (ION), DOW UNIVERSITY OF HEALTH SCIENCES

 Post RN BSc. Nursing BS Nursing Generic

Photograph

Fill the form in block letters.

Name of Applicant _____ Father's Name _____

Birth Date Birth Location _____ Birth Country _____ Age on closing date _____

National ID No.

Or "B" Form No.

Marital Status _____ Religion _____ Male Female

Home Address (Present) _____ Tel No. _____

_____ Mobile: _____

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

	Candidate's		Father's		Guardian's	
	Domicile	PRC	Domicile	PRC	Domicile	PRC
Certificate No.						
District Name						
Date of Issue						
Place of Issue						

ACADEMIC RECORD OF CANDIDATE

Level of Study	Name & Place of Institution	Passing Year
Matric / O Level / Equivalent		
Inter Science / A Level / Equivalent		
Interest in any other Profession		

ACADEMIC RECORD OF BROTHERS & SISTERS

Level of Study	Name & Place of Institution	Passing Year
Matric / O Level / Equivalent		
Inter Science / A Level / Equivalent		
(If any Professional education (Current or Past))		

Particulars of Father/Mother/ Guardian

Name _____ Male Female

Marital Status _____ Relationship with Candidate _____

National ID No.

					-						-	
--	--	--	--	--	---	--	--	--	--	--	---	--

 Place of Issue _____

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

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

Fathes/Guardian Income _____ Occupation _____

Department _____ Employer _____

Designation _____ Highest Eucation Level _____ Citizenship of Province _____

Candidates Co-curricular Activities

A) Did you do any Research Work? If yes give detail.	
B) Are you good in any Sports? If yes give detail.	

NOTE: INCOMPLETE FORM WILL BE REJECTED

Paid Fee Voucher of Rs.2,000/- Yes No

Matric Marks Sheet attached_ Yes No

Matric Pass Certificate attached Yes No

Intermediate/A-Level Marksheet Yes No

Candidate's Domicile attached Yes No

Candidate's PRC attached Yes No

Father's Domicile attached Yes No

Father's CNIC attached Yes No

Candidate's CNIC / B form attached Yes No

Left hand thumb impression of
Applicant

Applicant's Signature

Father's / Guardian Signature

CERTIFICATE FROM PRINCIPAL OF SCHOOL (LAST ATTENDED)

This is to certify that Mr. / Miss _____ Son / daughter of
Mr. _____ was a student of this school having been
admitted into _____ class from _____ till _____

Name of School _____

Address of School _____

Name of Student and Father's Name _____

Present Address _____

Permanent Address _____

Date of Birth _____ Distinetions (If any)

Last Examination Passed _____

(a) Seat No. _____

(b) Enrolment No _____

(c) Total Marks obtained _____ / Maximum Marks

(d) Division / Grade obtained _____ Percentage Obtained _____

It is further certified that during his/her, period of stay, conduct & character was

Place _____

Date _____

SIGNATURE OF THE
PRINCIPAL WITH SEAL

CERTIFICATE FROM PRINCIPAL OF COLLEGE (LAST ATTENDED)

This is to certify that Mr. / Miss _____ Son / daughter of
Mr. _____ was a student of this school having been
admitted into _____ class from _____ till _____

Name of School _____

Address of School _____

1) Name of Students and Father's Name _____

2) Present address _____

3) Permanent Address _____

4) Last examination passed _____

a. Date of Passing _____ College Registration No. _____

b. Marks obtained in College examination (If held) before annual exam.

	<u>Marks Obtained</u>	<u>Max Marks</u>
(i) Physics	_____	_____
(ii) Chemistry	_____	_____
(iii) Biology	_____	_____

c. Total Marks Obtained _____ / Maximum Marks _____

e. Whether received any warning or punishment during the time when he/she was
student of the college, if so give details

It is further certified that during his/her period of stay in this college his/her work,
conduct & character was _____

Place _____

Date _____

SIGNATURE OF THE PRINCIPAL
WITH SEAL

Fill all boxes with your present address

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Fill all the columns of application form in BLOCK LETTERS with BLACK PEN.
2. Be sure to tick the appropriate Box in the application form..
3. Photocopies of all required documents must be attested by Govt. officer, grade 18 and above.
4. Photocopy of the application form and incomplete form will be rejected.
5. No form will be accepted in any case after the last date and time of the application form.
6. Each application for admission should be accompanied by **Non Refundable Entrance Test Fee**” of Rs.2,000/- (Rupees two thousand Only) in the form of Paid Fee Voucher in UBL Baba-e-Urdu Road Branch, Karachi.
7. Carefully check the **‘Required Documents’** list mentioned in the Application Form.
8. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
9. The application form and required documents completed in all respect should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi.
10. In case, there is any change in the date of Entrance test due to some unavoidable situation, it will be notified on the website of DUHS **www.duhs.edu.pk**
11. **DO NOT** submit the original documents alongwith the application form.
12. All queries should be sent on email address mentioned on the Back page.
13. No candidate should contact personally for any queries.
14. Daily visit the website of DUHS for announcement and informations.
15. Do not forget to keep the Photocopy of the application form in your own record.

Dow University of Health Sciences, Karachi.



ADMIT CARD FOR ENTRY TEST FOR ADMISSION IN

BACHELOR OF NURSING (Session 2017)

Post RN BSc. Nursing BS Nursing Generic

Candidate's Copy

Roll No.

Name: _____

Father's Name: _____

Postal Address: _____

Please Paste
(1 x 1)
Photograph

Tel No: _____ Mobile No: _____ E.mail: _____

Signature of
Candidate

Date: _____

Time: _____

Venue: _____

For Official Use

Name: _____

Signature _____

Seal _____

Left Hand Thumb
Impression of
Candidate

Note: See Instructions Overleaf

Dow University of Health Sciences, Karachi.



ADMIT CARD FOR ENTRY TEST

FOR ADMISSION IN

BACHELOR OF NURSING (Session 2017)

Post RN BSc. Nursing BS Nursing Generic

DUHS Copy

Roll No.

Name: _____

Father's Name: _____

Postal Address: _____

Please Paste
(1 x 1)
Photograph

Tel No: _____ Mobile No: _____ E.mail: _____

Signature of
Candidate

Left Hand Thumb Impression
of Candidate

Date: _____

Time: _____

Venue: _____

For Official Use


Name: _____

Signature _____

Seal _____

INSTRUCTION FOR THE CANDIDATE

1. If there is any change regarding **Entry Test**, venue or timings, it will be mentioned on DUHS website only. Keep visiting website daily. **www.duhs.edu.pk**
2. Carefully read instructions for attempting test paper, otherwise computer will not read your answers.
3. Candidate must bring this Admit Card for the test, on the date, time and venue given overleaf.
4. CANDIDATE WILL NOT BE ALLOWED TO APPEAR IN THE TEST WITHOUT THIS ADMIT CARD.
5. No Identification other than this Admit Card will be acceptable.
6. IMPERSONATION FOR THE ENTRANCE TEST WILL BE CONSIDERED AS A CRIMINAL CASE AND WILL BE DEALT SERIOUSLY.
7. Candidate is required to reach the venue at least two (02) hours before the test.
8. Any material or electronic device / mobile phone / calculator etc, will not be allowed, under any circumstances.
9. IF ANY STUDENT IS FOUND, USING UNFAIR MEANS OR CHEATING HE WILL BE DEBARRED FROM THE TEST AND ADMISSION.



Bachelor of Nursing
(Session 2017)

DOW UNIVERSITY OF HEALTH SCIENCES

DMC CAMPUS

UBL A/C # 101-3400-6

Baba-e-Urdu Road Branch, Karachi- 0401

Due Date: 11/09/2017

Matric Roll No:

NAME: _____


FATHER NAME: _____

DETAIL OF FEES:	AMOUNT
Application Processing Fee	Rs.2,000.00
Total	Rs.2,000.00
Rupees: Two thousand Only	

Note: The Fee amount should be deposited with the Application Form at authorized UBL Branches.

Receiving Branch Stamp & Signature

Applicant Signature



Bachelor of Nursing
(Session 2017)

DOW UNIVERSITY OF HEALTH SCIENCES

DMC CAMPUS

UBL A/C # 101-3400-6

Baba-e-Urdu Road Branch, Karachi- 0401

Due Date: 11/09/2017

Matric Roll No:

NAME: _____


FATHER NAME: _____

DETAIL OF FEES:	AMOUNT
Application Processing Fee	Rs.2,000.00
Total	Rs.2,000.00
Rupees: Two thousand Only	

Note: The Fee amount should be deposited with the Application Form at authorized UBL Branches.

Receiving Branch Stamp & Signature

Applicant Signature



Bachelor of Nursing
(Session 2017)

DOW UNIVERSITY OF HEALTH SCIENCES

DMC CAMPUS

UBL A/C # 101-3400-6

Baba-e-Urdu Road Branch, Karachi- 0401

Due Date: 11/09/2017

Matric Roll No:

NAME: _____


FATHER NAME: _____

DETAIL OF FEES:	AMOUNT
Application Processing Fee	Rs.2,000.00
Total	Rs.2,000.00
Rupees: Two thousand Only	

Note: The Fee amount should be deposited with the Application Form at authorized UBL Branches.

Receiving Branch Stamp & Signature

Applicant Signature



Bachelor of Nursing
(Session 2017)

DOW UNIVERSITY OF HEALTH SCIENCES

DMC CAMPUS

UBL A/C # 101-3400-6

Baba-e-Urdu Road Branch, Karachi- 0401

Due Date: 11/09/2017

Matric Roll No:

NAME: _____

FATHER NAME: _____

DETAIL OF FEES:	AMOUNT
Application Processing Fee	Rs.2,000.00
Total	Rs.2,000.00
Rupees: Two thousand Only	

Note: The Fee amount should be deposited with the Application Form at authorized UBL Branches.

Receiving Branch Stamp & Signature

Applicant Signature