

# APPLICATION FORM

Application No. (AP No.)

## FOR ADMISSION IN

**1 Year Nursing Assistant (Nurse Aid) Certificate Course** (Session 2017)

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

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		
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: \_\_\_\_\_  
\_\_\_\_\_

Father's/Guardian Income \_\_\_\_\_ Occupation \_\_\_\_\_

Department \_\_\_\_\_ Employer \_\_\_\_\_

Designation \_\_\_\_\_ Highest Education 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.500/- ----- Yes  No

Matric Marks Sheet attached ----- Yes  No

Matric Pass Certificate attached ----- 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

## 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.500/- (Rupees five hundred 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

1 Year Nursing Assistant (Nurse Aid) Certificate Course  
(Session 2017)

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: \_\_\_\_\_

For Official Use

Name: \_\_\_\_\_

Left Hand Thumb  
Impression of  
Candidate

Time: \_\_\_\_\_

Signature \_\_\_\_\_

Venue: \_\_\_\_\_

Seal \_\_\_\_\_

Note: See Instructions Overleaf

# Dow University of Health Sciences, Karachi.



## ADMIT CARD FOR ENTRY TEST FOR ADMISSION IN

1 Year Nursing Assistant (Nurse Aid) Certificate Course  
(Session 2017)

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: \_\_\_\_\_

For Official Use

Name: \_\_\_\_\_

Time: \_\_\_\_\_

Signature \_\_\_\_\_

Venue: \_\_\_\_\_

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.

Collecting Branch Copy

1 Year Nursing Assistant  
(Nurse Aid) Certificate Course



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.500.00
Total	Rs.500.00
<b>Rupees: Five hundred Only</b>	

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

\_\_\_\_\_  
Receiving Branch Stamp & Signature

\_\_\_\_\_  
Applicant Signature

DUHS A/C Copy

1 Year Nursing Assistant  
(Nurse Aid) Certificate Course



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.500.00
Total	Rs.500.00
<b>Rupees: Five hundred Only</b>	

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

\_\_\_\_\_  
Receiving Branch Stamp & Signature

\_\_\_\_\_  
Applicant Signature

Application Form Copy

1 Year Nursing Assistant  
(Nurse Aid) Certificate Course



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.500.00
Total	Rs.500.00
<b>Rupees: Five hundred Only</b>	

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

\_\_\_\_\_  
Receiving Branch Stamp & Signature

\_\_\_\_\_  
Applicant Signature

Applicant Copy

1 Year Nursing Assistant  
(Nurse Aid) Certificate Course



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.500.00
Total	Rs.500.00
<b>Rupees: Five hundred Only</b>	

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

\_\_\_\_\_  
Receiving Branch Stamp & Signature

\_\_\_\_\_  
Applicant Signature