STATE COLLEGE OF NURSING

APPLICATION FORM FOR ADMISSION

Session Dec 2025-26

(The form should be filled in BLOCK LETTERS)

Paste One Photographs

Form No. _____

Date of Issue _____

Note: Please read the instructions regarding the admission policy in the prospectus before filling this form.

1. Please tick (✓) only one program/discipline applying for?

❑ BSN 4 Year Program

❑ Post RN BScN (2 Years)

❑ Post Basic Diploma in Trauma & Emeregency (1 Year)

Name: _____ Father Name: _____

(As per SSC or equivalent certificate in BLOCK letters)

Date of Birth [Date ☐☐] [Month ☐☐] [Year ☐☐☐☐] Gender: ○ Male ○ Female Marital status ○ Married ○ Unmarried

State Subject ☐ Domicile _____ CNIC No: _____

Postal Address: _____

_____

_____

Contact No. (Tel: Res) _____ Whatsapp No: _____

Email: _____

Permanent Address: _____

_____

EDUCATIONAL RECORD:

Qualification (SSC & Onward)	Year of Passing	Annual/Supply	Exam Roll No	Total Marks	Obtained Marks	Name of Board / University

TO BE FILLED BY THE CANDIDATES OF POST RNBSc & POST BASIC DIPLOMA

Experience *(for In-Service Candidates only)*: Experience will be considered valid, only if valid experience certificate is provided at the time of submission of application form. Attach additional sheet if necessary)

Name of Organization/Institution	Duration		Designation	Job Description
	From	To		