

Application Fee Rs. 1000/-

MCNAHS

MOOMAL COLLEGE OF NURSING & ALLIED HEALTH SCIENCES

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APPLICATION FORM BS Nursing (BSN)

Form # _____

FOUR ATTESTED
PASSPORT SIZE
PHOTOGRAPHS

Please read the following instructions carefully before filling in the form:

- Use BLOCK Letters
- Please bring all Original Documents at the time of Entry Test
- Please fill in all the columns
- Please Tick () where appropriate

Year of Application 2023-24

Full Name (Ms / Mr. / Mrs.)							
Father / Husband Name							
Date of Birth		Place of Birth		Marital Status		Nationality	
				Single <input type="checkbox"/> Married <input type="checkbox"/>			
National ID Card No.				Religion		Blood Group	
Present Address:							
District:		Province:			Country:		
Permanent Address:							
District:		Province:			Country:		
Telephone Number (Residence)		Cell Phone (if any):			E-mail Address:		

ACADEMIC QUALIFICATION

(Starting with the Highest Degree First)

Qualification	Institution/ School/ Board	Major Subjects	Passing Year	Marks Obtained	%	Division	Grade

CLINICAL EXPERIENCE

Organization	Designation	From	To

NOTE

- MCNAHS reserved the right to revoke admission and registration if a candidate’s form is discovered to be inaccurate or incomplete or if supporting documents are discovered to be fraudulent.

- The application processing fee is Rs. 1000/-

- Application may be submitted personally, Monday to Saturday 09:00 to 15:00.

DECLARATION BY THE APPLICANT

I, , hereby declare that I have carefully gone through the application form and I pledge to abide by the rules and regulations of **MCNAHS**. I further declare that the information provided above and the documents produced in its support thereof are true and correct to the best of my knowledge.

Signature _____

Date _____

APPLICATION MUST INCLUDE

Application form complete in all respects

- Attested photocopies of: 1- Marks Sheets, 2- Certificates
- CNIC
- Domicile (compulsory)
- Experience letters
- Attested 4 recent passport size photographs labeled with your name at the back
- Valid PNC

For Office Use Only

Application complete in all respects Provisional Incomplete

Student Affairs Officer Name _____ Signature _____ Date _____