

☐ BSc. Nursing (4 years)

GULAB DEVI EDUCATIONAL COMPLEX AL ALEEM INSTITUTE OF NURSING

FEROZEUPUR ROAD , LAHORE – PAKISTAN +92 42 3518040. +92 42 99230247. (Fxt. 3091 – 99). +92 309 415

Paste 1 Photograph, attested from front.

"DO NOT USE STAPLER"

(There should be NO stamp mark on face)

☐ Post Basic Specialization CCU

ADMISSION FORM

■ Post Basic Specialization OT

Post Basic Speci	alization ICI	J 🔲 Certified	d Nursing A	ssistant	☐ Midwif	ery Other	:	
FILL FORM IN	I CAPITAL LE	ETTERS						
1. Student Full Na	me							
2. Mother Name _	. Mother Name			Stud	Student CNIC			
3. Father Name	Father Name			Fath	Father CNIC			
4. Date of Birth	Date of Birth Marital Status			Bloo				
5. District of Dom	District of Domicile			Stud	lent Cell No			
6. Father Cell No.	Father Cell No			Resi	Residence No.			
7. Religion		Present Add	lress					
Permanent Add 9. Particular of Qu		of same addres	ss, please w	rite "As Ab	oove")			
Qualification	Roll No.	Registration	Marks	Total	Percentage	No. Of	College /	
SSC / Matric /O-Level or Equivalent		No.	Obtained	Marks		Attempts	University	
HSSC / FA / FSc. / A-Level or Equivalent								
Generic Nursing								
Midwifery								
ICU								
CCU								
ОТ								
Certified Nursing Assistant (CNA)								
10. Father Occupat	ion	☐ Job ☐	Business	☐ Unem	ployed			
11. Mother Occupation		☐ Job ☐	Business	Housewife				
12. Father Job Title				Mother Job Title				

13. Family Monthly Income _		No. of Siblings		
14. Detail of any Distinction	:			
15. Honors or Medal	:			
16. How did you find us:	☐ Relatives	☐ Friends	☐ TV / Newspaper / SMS	
Social Media	☐ Google	■ Website		
	DECL	ARATION		
appear in the entrance examination Nursing, Gulab Devi Educational Con satisfactory progress, I may be taken regulation of the institute as well as the course. In case of violation, I ma	for the selection of the nplex, Lahore. I also agree not further courses. Further and regulations of any be expelled from the	e candidate for the cours ee that after attending the urthermore, I do hereby d the relevant university, w institute and I shall not c	ve not concealed anything. I also agree to e if decided by the Al Aleem Institute of e course for three months, if I do not give leclare that I shall abide by the rules and hich are formed from time to time during laim any refund of dues paid by me. I do applying for any course in the relevant	
Dated:	-		Candidate's Signature	
* Note: Al Aleem Institute of Nursing res	erves the right to change fee p	policy & fee structure at any time	without prior notice.	
Student Name				
Father Name				
Program		Session	"DO NOT USE STAPLER"	
Blood Group		Card Expiry		

Checked By

ROLL NUMBER SLIP

Name of Candidate			Program Applied For					
Roll No	Date	ed	Diary No					
	INCOME	PLETE APPLICATION	WILL NOT BE ENTERTAINED					
The car	ndidate must tick the docum	ents, which are attache	d by him/her					
	5 Latest (Passport Size) Photographs with blue background (two without attestation, one attested from front side,							
	two attested from back side. Photographs attested from back side, must be attached with stapler on front page of form)							
	Two attested copies of Candidate's CNIC / B-Form.							
	Two attested copies of Father's CNIC.							
	Two attested copies of Matric Certificate.							
	Two attested copies of FSc. (Pre Medical) Certificate.							
	Two attested copies of Nursing Diploma or Degree.							
	Duly attested affidavit on a	uly attested affidavit on a judicial paper of Rs. 50/-						
	Rs 1000/- Bank Draft in favor of "Gulab Devi Educational Complex" (In Case of Post).							
	No Objection / Migration Co	ejection / Migration Certificate from the previous board. (After admission confirmation except for Lahore Board).						
	No Objection Certificate fro	om Respective Organiza	tion.					
			ion Diaht Thumb Incorporation	n Checked By				
	Signature of Candidate	Lott Thumb Improce		ii Cileckeu by				
	Signature of Candidate	Left Thumb Impress	ion Right Thumb Impressio					
Name o		ROLL NUM	MBER SLIP	STUDENT COPY				
	of Candidate	ROLL NUM	IBER SLIP Program Applied For	STUDENT COPY				
	of Candidate Date	ROLL NUN	IBER SLIP Program Applied For Diary No.	STUDENT COPY				
Roll No	of Candidate Date	ROLL NUN	IBER SLIP Program Applied For Diary No. WILL NOT BE ENTERTAINED	STUDENT COPY				
Roll No	of Candidate Date Date INCOME	ROLL NUN ed PLETE APPLICATION ents, which are attache	IBER SLIP Program Applied For Diary No WILL NOT BE ENTERTAINED d by him/her	STUDENT COPY				
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Signature of Candidate

DRAFT OF AFFIDAVIT

I, Mr./Miss ______ S/o/D/o:____

holder of NIC #:	resident of	f:
		do herby solemnly affirm and
declare as under:		
That all copies of the certificates atta	ached with my application form are ge	enuine and I shall be responsible for
any discrepancies that are arisen late	er on. I also declare that after attending	g the course for three months if I do
not give satisfactorily progress I may	y be taken off further Course. Furthern	nore, I do hereby declare that I shall
abide by the rules & regulations of th	ne institute as well as rules and regulat	ion of relevant university which are
formed from time to time during the	e course. In case of violation I may b	be expelled from the Institute and I
shall not claim any refund of the o	dues paid by me. Moreover, the part	ciculars which I have given in my
application form are correct to the be	est of knowledge & belief. I also here	by declare that I am not concealing
any information which prohibits me	from applying for this course in any	institute affiliated with the relevant
university. I also agree with the r	rules that admission will be finalized	d after the enrolment by relevant
university. In case, relevant university	sity objects, rejects or cancels the ac	dmission, the institute will not be
responsible for any litigation and I sh	hall not claim refund of dues paid by m	ie.
	Signature of Candidate	e:
Verified on Oath at	on Dated:	that above contacts are correct
and true to the best of my knowl	ledge and belief and nothing has been	concealed.
	Signature & Stamp of Oath Commissi	oner: