

Attach two photographs with STAPLER attested from backside



# GULAB DEVI EDUCATIONAL COMPLEX AL ALEEM INSTITUTE OF NURSING

FEROZEUPUR ROAD , LAHORE – PAKISTAN  
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www.gdec.edu.pk Email: admission@gdec.edu.pk

Paste 1 Photograph,  
attested from front.

“DO NOT USE STAPLER”

(There should be NO stamp  
mark on face)

## ADMISSION FORM

- ☐ BSc. Nursing (4 years) ☐ Post Basic Specialization OT ☐ Post Basic Specialization CCU  
☐ Post Basic Specialization ICU ☐ Certified Nursing Assistant ☐ Midwifery Other: \_\_\_\_\_

### FILL FORM IN CAPITAL LETTERS

1. Student Full Name \_\_\_\_\_
2. Mother Name \_\_\_\_\_ Student CNIC \_\_\_\_\_
3. Father Name \_\_\_\_\_ Father CNIC \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Blood Group \_\_\_\_\_ City \_\_\_\_\_
5. District of Domicile \_\_\_\_\_ Student Cell No. \_\_\_\_\_
6. Father Cell No. \_\_\_\_\_ Residence No. \_\_\_\_\_
7. Religion \_\_\_\_\_ Present Address \_\_\_\_\_  
\_\_\_\_\_
8. Permanent Address (In case of same address, please write “As Above”) \_\_\_\_\_  
\_\_\_\_\_
9. Particular of Qualification

| Qualification                            | Roll No. | Registration No. | Marks Obtained | Total Marks | Percentage | No. Of Attempts | College / University |
|--|----------|------------------|----------------|-------------|------------|-----------------|----------------------|
| SSC / Matric /O-Level or Equivalent      |          |                  |                |             |            |                 |                      |
| HSSC / FA / FSc. / A-Level or Equivalent |          |                  |                |             |            |                 |                      |
| Generic Nursing                          |          |                  |                |             |            |                 |                      |
| Midwifery                                |          |                  |                |             |            |                 |                      |
| ICU                                      |          |                  |                |             |            |                 |                      |
| CCU                                      |          |                  |                |             |            |                 |                      |
| OT                                       |          |                  |                |             |            |                 |                      |
| Certified Nursing Assistant (CNA)        |          |                  |                |             |            |                 |                      |

10. Father Occupation ☐ Job ☐ Business ☐ Unemployed \_\_\_\_\_
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

☐

DECLARATION

I do hereby declare that the above particulars are correct in every aspect and that I have not concealed anything. I also agree to appear in the entrance examination for the selection of the candidate for the course if decided by the Al Aleem Institute of Nursing, Gulab Devi Educational Complex, Lahore. I also agree that after attending the course for three months, if I do not give satisfactory progress, I may be taken off further courses. Furthermore, I do hereby declare that I shall abide by the rules and regulation of the institute as well as rules and regulations of the relevant university, which are formed from time to time during the course. In case of violation, I may be expelled from the institute and I shall not claim any refund of dues paid by me. I do hereby declare that I am not concealing any information, which depares me from applying for any course in the relevant university/council.

Dated:

Candidate’s Signature

\* **Note:** Al Aleem Institute of Nursing reserves the right to change fee policy & fee structure at any time without prior notice.

Student Name

Father Name

Program

Session

Blood Group

Card Expiry

Paste 1 photograph  
without attestation

“DO NOT USE STAPLER”

ROLL NUMBER SLIP

Name of Candidate \_\_\_\_\_ Program Applied For \_\_\_\_\_

Roll No. \_\_\_\_\_ Dated \_\_\_\_\_ Diary No. \_\_\_\_\_

INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED

The candidate must tick the documents, which are attached 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 judicial paper of Rs. 50/-
- ☐ Rs 1000/- Bank Draft in favor of “Gulab Devi Educational Complex” (In Case of Post).
- ☐ No Objection / Migration Certificate from the previous board. *(After admission confirmation except for Lahore Board).*
- ☐ No Objection Certificate from Respective Organization.

Signature of Candidate

Left Thumb Impression

Right Thumb Impression

Checked By

ROLL NUMBER SLIP

Name of Candidate \_\_\_\_\_ Program Applied For \_\_\_\_\_

Roll No. \_\_\_\_\_ Dated \_\_\_\_\_ Diary No. \_\_\_\_\_

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without attestation

“DO NOT USE STAPLER”

Signature of Candidate

Checked By

***DRAFT OF AFFIDAVIT***

I, Mr./Miss \_\_\_\_\_ S/o/D/o: \_\_\_\_\_

holder of NIC #: \_\_\_\_\_ resident of: \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm and  
declare as under:

That all copies of the certificates attached with my application form are genuine and I shall be responsible for any discrepancies that are arisen later on. I also declare that after attending the course for three months if I do not give satisfactorily progress I may be taken off further Course. Furthermore, I do hereby declare that I shall abide by the rules & regulations of the institute as well as rules and regulation of relevant university which are formed from time to time during the course. In case of violation I may be expelled from the Institute and I shall not claim any refund of the dues paid by me. Moreover, the particulars which I have given in my application form are correct to the best of knowledge & belief. I also hereby 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 rules that admission will be finalized after the enrolment by relevant university. In case, relevant university objects, rejects or cancels the admission, the institute will not be responsible for any litigation and I shall not claim refund of dues paid by me.

Signature of Candidate: \_\_\_\_\_

Verified on Oath at \_\_\_\_\_ on Dated: \_\_\_\_\_ that above contacts are correct  
and true to the best of my knowledge and belief and nothing has been concealed.

Signature & Stamp of Oath Commissioner: \_\_\_\_\_