

AL FAJAR COLLEGE OF NURSING MARDAN AL FAJAR INSTITUTE OF HEALTH SCIENCES MARDAN **ADMISSION FORM FOR BSN**



(2023-2024) Father's/Husband Name:

Name:	Father's/Husband Name:	Pictures
(As per SSC Certificate in BLOCK Letters)		i lotules
Date of Birth (DD/MM/YYYY):/	/ Gender: M/F:	
Married/ Unmarried:	Place of Birth:	
Domicile District:	Nationality:	
Address:		
Phone: (Res)	(Cell)	
Email address:		
Permanent address:		
Emergency contact details:		
Name:	Relationship with applicant:	
Address:		
Cell No	Phone:	

AcademicQualification

Qualification	Year of Passing	Marks Obtained	Total Marks	Percentage	Name of Board
Matric					
F.Sc Pre-Medical					
Other					
Father/Guardian's				Occupation:	

Exact R	elations	hip witl	h the	Guardian:	
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Certified that the facts produced are correct to the best of my knowledge:

Signature of the pplicant's Father/Guardian	Signature of the Applicant
CNIC No:	CNIC No:
Date:	Date:

AL FAJAR COLLEGE OF NURSING MARDAN Seat Reservation Form For Office Use Only

Student Name:	Father Name:
Total Amount:	Submitted Amount:
Remaining Amount: Note: - The Remaining fee must be submitted within 10 Days In Case cancellation of admission due to any reason th	

Student Sig: ----- Date: -----

Note: Attested copies of the following documents must be attacked with the application form in the following sequence: Incomplete application will not be processed.

Tick the relevant box for the attached documents

A copy of Secondary School Certificate & DMC (Science /Equivalent)

A copy of Higher Secondary School Certificate & DMC (FSc: Pre-Medical)

A copy of Domicile Certificate.

A Copy of Computerized National Identity card of the Candidate.

A Copy of Computerized National Identity card of the Father/guardian of the Applicant.

Four Passport Size Coloured Photographs of the applicant attested on the back.

Migration Certificate.

KMU CAT Result Card.