SMBB, MEDICAL UNIVERSITY LARKANA Muslim Commercial Bank Limited CMC Branch LARKANA, SINDH, PAKISTAN Branch Code: 1580 A/C No. 0259385831000344 SMBBMU Copy (To be attached with form) Deposit Date: Bank Branch:			SMBB, MEDICAL UNIVERSITY LARKANA Muslim Commercial Bank Limited CMC Branch LARKANA, SINDH, PAKISTAN Branch Code: 1580 A/C No. 0259385831000344 Candidate Copy Deposit Date: Bank Branch:			SMBB, MEDICAL UNIVERSITY LARKANA Muslim Commercial Bank Limited CMC Branch LARKANA, SINDH, PAKISTAN Branch Code: 1580 A/C No. 0259385831000344 SMBBMU Copy by Bank Deposit Date: Bank Branch:			SMBB, MEDICAL UNIVERSITY LARKANA Muslim Commercial Bank Limited CMC Branch LARKANA, SINDH, PAKISTAN Branch Code: 1580 A/C No. 0259385831000344 Bank Copy Deposit Date: Bank Branch:						
Ms./Mr.				Ms./Mr.					s./Mr.				s./Mr.		
S/o. I	D/o. W/o			S/o. D	/o. W/o			S/o. I	D/o. W/o			S/o. [D/o. W/o		
С	CNIC:			CN	IIC:			С	NIC:			С	NIC:		
Program:		BSC NURSING	ING (POST RN) Program:		BSC NURSING (POST RN)		Program: BSC NURSING (POST		RN)	Program:		BSC NURSING (POST RN)			
Last Date for submission: 27-05-2022			Last Date for submission: 27-05-2022			Last Date for submission: 27-05-2022			Last Date for submission: 27-05-2022						
S.No.	D	escription	Rupees.	S.No.	l	Description	Rupees.	S.No.	С	Description	Rupees.	S.No.	D	escription	Rupees.
4 Admission		ng fees for on to Nursing s @ SMBBMU,		Processing fees for Admission to Nursing Programs @ SMBBMU, Larkana		1000	4	Processing fees for Admission to Nursing Programs @ SMBBMU, Larkana		1000	1	Processing fees for Admission to Nursing Programs @ SMBBMU, Larkana		1000	
	To	otal Fee Rs:	1000			Total Fee Rs:	1000		-	Total Fee Rs:	1000		1	otal Fee Rs:	1000
In words: Rupees One Thousand Only			In words: Rupees One Thousand Only			In word: Rupees One Thousand Only			In words: Rupees One Thousand Only						
Note: Fees can be paid at any branch of				Note: Fees can be paid at any branch of			Note: Fees can be paid at any branch of			Note: Fees can be paid at any branch of					
MCB Bank Limited				MCB Bank Limited			MCB Bank Limited			MCB Bank Limited					
For any Query: Contact MCB Bank Ph: 074-4057470			For any Query: Contact MCB Bank Ph: 074-4057470			For any Query: Contact MCB Bank Ph: 074-4057470			For any Query: Contact MCB Bank Ph: 074-4057470						
Applica	ınt	Cashier	Officer	Applica	nt	Cashier	Officer	Applica	ant	Cashier O	fficer	Applica	ant	Cashier	Officer



SHAHEED MOHTARMA BENAZIR BHUTTO MEDICAL UNIVERSITY, LARKANA, SINDH

BENAZIR COLLEGE OF NURSING
APPLICATION FORM
For admission in Post RN B.Sc. Nursing
Academic Session 2021-22

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Fill the Form in **BLOCK LETTERS** with BLACK or BLUE PEN.

PERSONAL INFORMATION								
Name of Applicant:			G	Gender: MF				
Father's Name with Caste:								
B-Form No. / C.N.I.C No. of candid	ate:							
Date of Birth: Age on closing date:								
Father's CNIC No:								
Present Postal Address:	_							
Email:								
District of Domicile:								
PRC Form-C No./ Date of Issue:		Domicile No./ Date of Issue:						
Phone No (Home):		Mobile No: (Do Not Give Converted Mobile NO:)						
Name of Person to be notified in er	nergency:							
Relationship:	Phone (H	Home): Mob #:						
ACADEMIC QUALIFICATIONS								
Name of Examination:	Matric Scien	nce / O Level	Inter Science / A Level					
Seat No:								
Year of Passing:								
Name of Board:								
Total Marks Obtained:								
Division / Grade:								
Annual / Supplementary:								
FOR POST RN B.SC NURSIN	G	Board	Marks Obt	Percentage %				
Final Year of 03 year General Nu	rsing Course							
01 year specialization/ 4 th year N	ursing							
Date of Submission:	Sic	nature of Applica	ant·					

Forms completely filled along with required documents and two original challans duly paid must be sent to following address through any courier / postal service

Directorate of Admissions, SMBBMU @ Chandka Medical College Larkana