



APPLICATION FORM

Reg. No.
To be Filled by STS

**SHAHEED MOHTARMA BENAZIR BHUTTO
MEDICAL UNIVERSITY, LARKANA**

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Pre-Entry Test for Nursing Programs

A. Bank Challan

Bank Branch		Deposit ID		Deposit Date	
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B. Program Applied For:

<input type="checkbox"/> BS Nursing (Generic) 04 Years	<input type="checkbox"/> Post RN B.Sc (Nursing) 02 Years
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C. Personal Information: Use CAPITAL letters and leave spaces between words.

Name:

Father's Name:

Computerized NIC No. - -
D D M M Y Y Y Y

Gender: _____ Age: (in years) _____ Date of Birth - -

Domicile (District): _____ Contact No. _____
(Do not give converted mobile no.)

Postal Address: _____

D. Academic Information:

Degree	Degree Title	University/Institute/Board	Subject/Group	Grade/%age	Year
Matric/SSC					
Intermediate/HSSC					
Others (if any)					

E. Checklist:

S#	Documents to be attached with Application form	Yes	No
1	Attested photocopies of all academic documents, CNIC, Domicile, PRC & Paid Bank Challan (please attach in sequence i.e. Matric, Inter, Bachelors, Masters and others)		

A. Undertaking

(For all credentials, documents, certificates, experience, and information given in application form)

I solemnly undertake that I have read, understood and affirm to follow the given instructions as per advertisement and application form. All the mandatory and essential information have been provided and is accurate to the best of my knowledge. If found false, incorrect, factitious, exaggerated, misleading, manipulated and bogus, my application/employment may be cancelled/terminated as per rule of organization. As a result, I shall be liable to disciplinary action as per rule of law.

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Signature of the Applicant: _____ Date: _____