



**SHAHEED MOHTARMA BENAZIR BHUTTO
MEDICAL UNIVERSITY, LARKANA, SINDH**
BENAZIR INSTITUTE OF NURSING & COMMUNITY HEALTH SCIENCES
APPLICATION FORM
For admission in BSc Nursing (Generic) & Post RN B.Sc. Nursing
Academic Session 2018-19

Recent Photo

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

Course Applied for : **BS Nursing (04 years Program)** **Post RN B.Sc Nursing (02 years Program)**

PERSONAL INFORMATION		
Name of Applicant:		Gender: M/F <input type="checkbox"/>
Father's Name with Caste:		
B-Form No. / C.N.I.C No. of candidate:		
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:
Name of Person to be notified in emergency:		
Relationship:	Phone (Home):	Mob #:
ACADEMIC QUALIFICATIONS		
Name of Examination:	Matric Science / 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 NURSING	Board	Marks Obt	Percentage %
Final Year of 03 year General Nursing Course			
01 year specialization/ 4 th year Nursing			
Date of Submission: _____ Signature of Applicant: _____			