



PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN, SHAHEED BENAZIRABAD

APPLICATION FORM

FOR ADMISSION IN DPT/Pharm-D/BS Public Health / BS Nursing (Generic) & BSc Nursing (Post RN)
ACADEMIC SESSION: 2019

Note: Candidate is advised to complete all columns of the Application Form.

Application No.

12345

● Attach here your recent photograph and submit five extra photograph with the application form

● Be sure your full name is written on back of each photograph

To,

The Registrar,

PUMHSW, Nawabshah (S.B.A)

I request for admission in 1st year DPT/Pharm-D/BS Public Health / BS Nursing & BSc (Post RN) course for the academic session 2018-19 as under:

Category & Seats (tick (✓) all that applied)

Open Merit

Self Finance

(CANDIDATE MUST FILL ONLINE REGISTRATION FORM @ WEBSITE)

WWW.PUMHS.EDU.PK **(ONLINE SUBMISSION IS MANDATORY)**

1 st Choice	2 nd Choice	3 rd Choice	4 th Choice
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My Particular is given in personal information.

PERSONAL INFORMATION		
Name of Applicant: (BLOCK LETTERS)		
Father's Name:		
Date of Birth:	Place of Birth:	
Nationality	Religion	
District Domicile of Candidate	Date of issue	Certificate No:
District PRC of Candidate	Date of issue	Certificate No:
District Domicile & PRC of Father/Mother		
Father's C.N.I.C. No:		
(Candidate) B-Form No. (If C.N.I.C is not available)		
Permanent Address:		
Present Postal Address:		
E-mail Address:		
Phone No. (Home):	Mobile No: Candidate	
CONTACT IN EMERGENCY		
Name of Person:	Phone No. (Home):	Mobile No:
Relationship		
Address:		
Date of Submission _____		

PARTICULARS OF FATHER								
Name:		Religion:			Nationality:			
Occupation:		Designation:						
Department:		Organization:						
Office Address:								
Office Phone:		Mobile No:						
Annual Income:								
District Domicile:		Date of Issue:			Certificate No:			
District of (PRC) FORM-C		Date of Issue:			Certificate No:			
Signature of Father								
PARTICULARS OF GUARDIAN								
Name:		Religion:			Nationality:			
Occupation:		Designation:						
Department:		Organization:						
Office Address:								
Office Phone:		Mobile No:						
Annual Income:								
District of Domicile:		Date of Issue:			Certificate No:			
District of (PRC) Form-C		Date of Issue:			Certificate No:			
Signature of Guardian								
ACADEMIC QUALIFICATION								
Name of Examination		Metric Science / O Level			Inter Science / A Level			
Seat No.								
Passing Year								
Name of Board								
Total Marks Obtained								
Division / Grade								
Annual / Supplementary								
Marks / Grade Obtained in Science Subject in Intermediate / A level Examination		Physics		Chemistry		Biology		Total out of 600
		P-I (100)	P-II (100)	P-I (100)	P-II (100)	P-I (100)	P-II (100)	
Dated:		Signature of Applicant			Signature of Principal with seal			

CERTIFICATE FROM PRINCIPAL OF THE COLLEGE / SCHOOL, LAST ATTENDED			
By the Principal of _____ College _____			
this is to certify that Miss. _____ Daughter of _____			
was a student of this college having been admitted into _____ Class from _____ to _____			
The following are the particulars of the student in accordance with the official record maintained in the office of this college.			
Name with Father's Name:			
Permanent Home Address (Village, Taluka and Domicile):			
Intermediate (Pre-Medical) Examination of Board / University :			
Date of Passing:			
Seat No:			
Enrollment No:			
Subjects	Part-I (100)	Part-II (100)	Total
Physics			
Chemistry			
Biology			
TOTAL			
Whether received any punishment during the time she was student of the college, if give details.			
Particulars			
It is further certified that during her period of stay in this college, her work, conduct and character were _____			
Place:			Dated:
			Signature of the Principal with Seal

IMPORTANT NOTE FOR CANDIDATE

- Incomplete application forms including those with short documents shall not be entertained and will be rejected.
- All candidates are advised to submit her application form and required documents in a decent file cover to avoid any misplacement Displacement of documents.

FILL BOXES WITH YOUR PRESENT ADDRESS
Name :
Father's Name :
Address :
Telephone No:
Mobile No:
Postal Code No :

FILL BOXES WITH YOUR PRESENT ADDRESS
Name :
Father's Name :
Address :
Telephone No:
Mobile No:
Postal Code No:

FILL BOXES WITH YOUR PRESENT ADDRESS
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Telephone No:
Mobile No:
Postal Code No:



PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN (S.B.A)

ADMIT SLIP (For Candidate)

Date of Entry Test **Sunday 20-01-2019**

Time 09-00 am (gate will closed on 8-30 am)

Venue: PUMHS Nawabshah

Entry Test for Admission in DPT/Pharm-D/BS Public Health / BS Nursing (Generic) & BSc Nursing (Post RN) (Session: 2018-19)

Form No: _____ (For which no separate notice will be issued)

Name (BLOCK LETTERS)	
Father's Name:	
District of Domicile:	
Postal Address	
Mobile No:	
Signature of Candidate	<input type="text"/>

Seat No. _____

Paste your recent Photograph inside the box with the gum

Seal and Signature of Issuing Officer



PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN (S.B.A)

ADMIT SLIP (For University)

Date of Entry Test **Sunday 20-01-2019**

Time 09-00 am (gate will closed on 8-30 am)

Venue: PUMHS Nawabshah

Entry Test for Admission in DPT/Pharm-D/BS Public Health / BS Nursing (Generic) & BSc Nursing (Post RN) (Session: 2018-19)

Form No: _____ (For which no separate notice will be issued)

Name (BLOCK LETTERS)	
Father's Name:	
District of Domicile:	
Postal Address	
Mobile No:	
Signature of Candidate	<input type="text"/>

Seat No. _____

Paste your recent Photograph inside the box with the gum

Seal and Signature of Issuing Officer

INSTRUCTIONS:

1. Please not down your Seat Number carefully. Result of Entry Test will be announced by the Seat Number and NOT by Names.
2. No candidate shall be permitted to write her Test unless she brings the verified Admit Card at the time specified for the test.
3. No Identification other than this Admit Card is acceptable.
4. PLEASE BRING THIS ADMIT CARD WHEN YOU COME TO TAKE THE TEST.
5. YOU ARE REQUIRED TO BE PRESENT ONE HOUR BEFORE START OF TEST.
6. TEST WILL START AT 09:00 A.M. SHARP.
7. ALL GATES SHALL BE CLOSED AT 8:30 A.M.

NOTE: CANDIDATES ARE REQUESTED NOT TO BRING ITEMS SUCH AS PENCILS, ERASERS, MOBILE PHONES, CALCULATORS AND HANDBOOKS ETC. TO THE EXAMINATION CENTER ON THE ENTRANCE TEST DATE.



**PEOPLES UNIVERSITY
OF MEDICAL & HEALTH SCIENCES FOR WOMEN,
SHAHEED BENAZIRABAD, NAWABSHAH**

**BEGUM BILQEES SULTANA,
INSTITUTE OF NURSING**

**APPLICATION FORM
FOR ADMISSION IN BSc NURSING (POST RN)
ACADEMIC SESSION: 2018-19**

12345
Application No:

(Note: Candidate are advised to complete all columns of the application form)

Please read the instructions for admission in the institution for admission in BSc Nursing (Post RN-02 years) courses for the session: 2018-19 carefully.

Attached here your recent photograph and submit FIVE (05) extra copies
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Fill in BLOCK Letters with BLACK PEN

To
**The Registrar
Peoples University,
of Medical & Health Sciences for Women,
Shaheed Benazirabad, Nawabshah.**

I request for admission in First Year BSc Nursing Two Years Degree Program (Post RN) for the Academic Session: 2018-19.

Categories & Seats (Tick (√) all the applies)

() Open Merit

() Self Finance

NAME OF APPLICANT (Block Letters)												
FATHER'S NAME												
DATE OF BIRTH				-	Place of Birth							
CNIC No.				-	FORM B							
District Of Domicile				Date of Issue				Certificate No				
District Of Domicile Parent				Date of Issue				Certificate No				
PERMANENT ADDRESS												
PRESENT ADDRESS												
CONTACT (S)		PHONE No.				Cell No.						

Occupation of Father / Guardian	
Department / Organization	
Annual Income	
Father / Guardian	

ACADEMIC QUALIFICATION

Name of Board	Total Marks Obtained	Division / Grade	Annual / Supplementary
Matriculation			
Intermediate			

PROFESSIONAL RECORDS (ATTACH THE ATTESTED COPY OF MARKS CERTIFICATE OF DIPLOMA)

Examination	Year	Roll #	Grade / %	Board

Professional Experience

S#	Organization	Job Title	Assignments	From	to

PARTICULARS OF GUARDIAN

Name		Relation		CNIC No.	
Occupation		Designation		Department	
Annual Income		Religion		Nationality	
Phone No.		Cell No.			
District of Domicile		Date of Issue		Certificate No.	

Signature of Guardian

Name of Person	
Relation	
Phone No.	
Cell No.	
Address	