



# Hearts Institute

of Nursing and Health Sciences

Phone No: 02136608888-WA: 0349-3398297

Email Address:hinhs2024@gmail.com

**LEASE TICK THE INTERESTED PROGRAM**

- 04 Year Generic BSN Degree Program
- 02 Year Lady Health Visitor (LHV) Degree Program
- 02 Year Diploma in Certified Nurse Assistant (CNA)
- 02 Year Diploma in Community Midwife (CMW)



*This application form has to be filled before any application for admission can be considered. Filling the form does not ensure admission. Incomplete and incorrect forms will be treated as invalid. The application form should be filled in by hand in block letters.*

- ❖ a) Applicants Name: .....
- b) Date of Birth: ..... CNIC Number: .....
- c) Residential Address: .....
- .....
- d) Permanent Address: .....
- .....
- e) Tel No (Res): ..... Mob: .....
- e) Blood Group: ..... :

**PARTICULARS OF FATHER/MOTHER/GUARDIAN**

- |                                |                                |
|--------------------------------|--------------------------------|
| a) Father's Name: .....        | a) Mother's Name: .....        |
| b) Qualification: .....        | b) Qualification: .....        |
| c) CNIC Number: .....          | c) CNIC Number: .....          |
| d) Occupation: .....           | d) Occupation: .....           |
| e) Name of Organization: ..... | e) Name of Organization: ..... |

f) Address of Organization: ..... f) Address of Organization: .....  
 g) Tel (Office): ..... g) Tel (Office): .....  
 h) Mobile Number: ..... h) Mobile Number: .....

ACADEMIC QUALIFICATION						
Sr. No	Qualification	Passing year	Board	Obt. Marks	Total marks	Percentage

PROFESSIONAL QUALIFICATION						
Sr. No	Qualification	Passing year	Board	Obt. Marks	Total marks	Percentage

Sr. No	Designation	From	To	Institute Name	Experience

I solemnly confirm that the information given above is correct and true to the best of my knowledge.

Date: - ..... Signature of Applicant ..... Signature of Guardians: .....

**(For Office Use Only)**

Date: \_\_\_\_\_

I.D No: \_\_\_\_\_

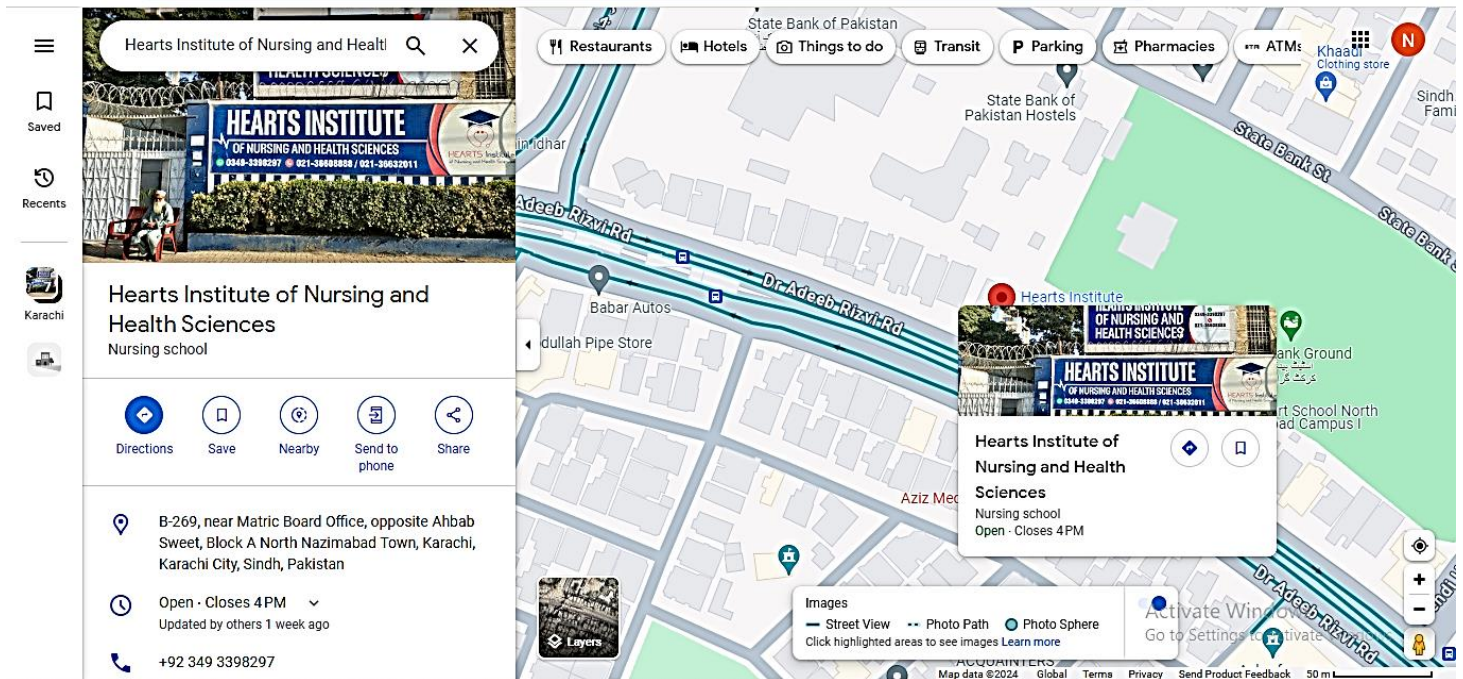
Receiver: \_\_\_\_\_

**NOTE: INCOMPLETE FORM WILL BE REJECTED**

<b>Original Application Form</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies of Marks certificate of Matriculation Certificate (SSC).</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies of Mark certificate of O-Level equivalence certificate by IBCC.</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies of Matriculation Certificate.</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies of O-Level equivalence certificate by IBCC.</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies of Intermediate Science Marks Certificate (HSC).</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies A-Level equivalence Certificate.</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies of Intermediate Provisional Certificate (HSC).</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies A-Level Grade Statement Certificate by the IBCC</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies of Candidate's NADRA National Identity Card or "B" Form (If candidate is below age of 18 years)</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six photocopies of National Identity Card of Father / Guardian issued by NADRA.</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Six passport size photographs of Candidate with his Name duly written on the back of these photographs.</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Domicile PRC Form 'C' (for Education)</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Migration Certificate relevant Board</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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## Direction of HINHS



# HEARTS Institute



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**0349-3398297**



**02136608888**