S.R No. HINHS/ /202___

Hearts Institute

of Nursing and Health Sciences

Phone No: 02136608888-WA: 0349-3398297
Email Address:*info@hinhs.edu.pk*

Photograph

PLEASE TICK THE INTERESTED PROGRAM

- ☐ 04 Year Generic BSN Degree Program
- ☐ 02 Year Lady Health Visitor (LHV) Diploma 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): ..... Religion: ..... Mob: .....

e) Blood Group: ..... Email Address: .....

PARTICULARS OF FATHER /MOTHER /GUARDIAN

a) Guardian/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**

HEARTS Institute of Nursing and Health Sciences

Hearts Institute Policy: <u>The application processing fee and Admission Fee is non-refundable.</u>

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

Date: - …… **Signature of Applicant ……** **Signature of Father /Guardians: ……**

(For Office Use Only)

Date: _____ ID No: _____

Receiver: _____

NOTE: INCOMPLETE FORM WILL BE REJECTED

DOCUMENT REQUIRED FOR DEGREE PROGRAM (GBSN)

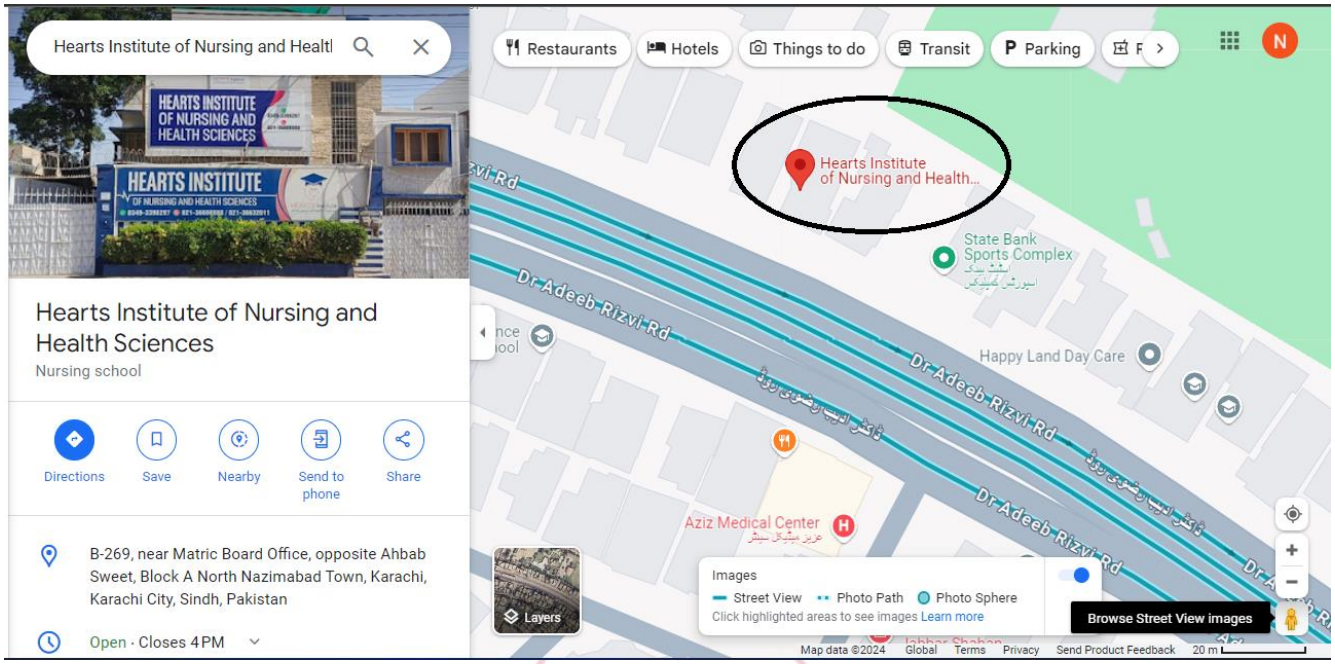
Original Application Form	**YES**	☐	**NO**	☐
Six photocopies of Marks certificate of Matriculation Certificate (SSC) Verified from Board.	**YES**	☐	**NO**	☐
Six photocopies of Mark certificate of O-Level equivalence certificate by IBCC.	**YES**	☐	**NO**	☐
Six photocopies of Matriculation Certificate.	**YES**	☐	**NO**	☐
Six photocopies of O-Level equivalence certificate by IBCC.	**YES**	☐	**NO**	☐
Six photocopies of Intermediate Marks Certificate (HSC) Board Verified.	**YES**	☐	**NO**	☐
Six photocopies A-Level equivalence Certificate.	**YES**	☐	**NO**	☐
Six photocopiesof Intermediate Provisional Certificate (HSC).	**YES**	☐	**NO**	☐
Six photocopies A-Level Grade Statement Certifcate by the IBCC	**YES**	☐	**NO**	☐
Six photocopies of Candidate's NADRA National Identity Card or "B" Form (If candidate is below age of 18 years)	**YES**	☐	**NO**	☐
Six photocopies of National Identity Card of Father / Guardian issued by NADRA.	**YES**	☐	**NO**	☐
Twenty five (25) Passport size Photographs of Candidate with his Name duly written on the back of these photographs.(White Background)	**YES**	☐	**NO**	☐
Six photocopies Domicle P-1 & PRC From 'C' (for Edcutaion)	**YES**	☐	**NO**	☐
Origional Migration Certifcate relevent Board + 8 PhotoCopies Origional Duplicate Marksksheet Intermediate (Origional)	**YES**	☐	**NO**	☐

HEARTS Institute of Nursing and Health Sciences

DOCUMENT REQUIRED FOR DIPLOMA

Original Application Form	**YES**	☐	**NO**	☐
Six photocopies of Marks certificate of Matriculation Certificate (SSC) Verified from Board.	**YES**	☐	**NO**	☐
Six photocopies of Matriculation Certificate. **Six photocopiesof Matriculation Provisional Certificate (SSC).**	**YES**	☐	**NO**	☐
Six photocopies of Candidate's NADRA National Identity Card or "B" Form (If candidate is below age of 18 years)	**YES**	☐	**NO**	☐
Six photocopies of National Identity Card of Father / Guardian issued by NADRA.	**YES**	☐	**NO**	☐
Twelve (25) Passport size Photographs of Candidate with his Name duly written on the back of these photographs.(White Background)	**YES**	☐	**NO**	☐
Six photocopies Domicle P-1 & PRC From 'C' (for Edcutaion) Migration origional and 6 copies except Karachi Board	**YES**	☐	**NO**	☐

HEARTS INSTITUTE ON GOOGLE MAP



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