118/165

WISDOM INSTITUTE OF NURSING & ALLIED HEALTH SCIENCES HYDERABAD

Add: Opposite Suzuki Auto Showroom Jamshoro Road Hyderabad. Contact: 03337141150, 03003444346

ADMISSION FORM

Name of Course: _____ Session: _____

Full Name in (Block Letters): _____

Father's Name: _____

Date of Birth: _____ Place of Birth: _____

N.I.C NO: ☐☐☐☐☐-☐☐☐☐☐☐☐-☐ Mobile No: _____

Martial Status: _____ Relegion: _____

Domicile: _____ Nationality: _____

Home Address: _____

Postal Address: _____

A.Educational Qualification

B.Professional Qualification

S.No	Qualification	Name of Board/University	Grade / Division	Marks			Passing Year
				Total	Obtained	%	
1							
2							
3							
4							
5							

1: Attested two photo copies of Matriculation & Intermediate Certificates with Marksheet.
2: Attested two photo copies of Domicile / PRC / Character Certificate / CNIC or Nadra B Form.
3: Proffessional Documents (if Applicable).
4: Passport Size Photographs (6).

Date: _____

Signature of Candidate

ADMIT/ INTERVIEW CARD

Institution: _____

No: _____ Name of Course: _____ Session: _____

Name of Candidate: _____

Father's/Guardian's Name: _____

Date of Test/Interview: _____

Place of Test/Interview: _____

Principal Signature
With Stamp

Note: Please bring the original documents at the time of test or interview

CamScanner