



Nigar College of Nursing MTI Swabi
Admission Form for the Session 2025
LHV (02 Years Program)

4 PASSPORT
SIZE
PICTURES

Name: _____ Father Name: _____

(As per SSC or equivalent certificate in BLOCK letters)

Date of birth (DD/MM/YY): ____/____/____ Age: _____ Gender: M / F

Married/Unmarried: _____ Domicile: _____ Nationality: _____

Address: _____

Phone: (Res) _____ (Cell) _____ Email: _____

Valid WhatsApp No. : _____

Permanent address: _____

In case of emergency please contact

Name: _____ Relationship with applicant: _____

Phone: _____ Address: _____

Academic Qualification

Qualification	Year of passing	Marks Obtained	Total marks	Percentage	Name of the Board
Matric					
F.Sc Pre-Medical					

Guardian's Name: _____ Income & Occupation: _____

_____ Exact Relationship with the Guardian: _____

Certified that the facts produced are correct to the best of my knowledge:

Signature of the Applicant's Father/Guardian

CNIC No: _____

Date: _____

Signature of the Applicant

CNIC No. _____

Note: Attested copies of the following documents must be attached with the application form in the following sequence; incomplete application will not be entertained.

Tick the relevant box for the attached documents

- ☐ Original Bank Challan/Receipt as LHV application processing fee (DO NOT ATTEST)
- ☐ A copy of Secondary School Certificate Examination (Science).
- ☐ A copy of Higher Secondary School Certificate Examination (FSc: Pre-Medical)
- ☐ A copy of DMC of Matriculation examination
- ☐ A copy of DMC of FSc examination
- ☐ A copy of domicile certificate
- ☐ National Identity card of the candidate
- ☐ A copy of computerized National Identity Card of the father/guardian.
- ☐ Four passport size-coloured photographs of the applicant attested on the back.