

Nigar College of Nursing MTI Swabi Admission Form for the Session 2025 Generic BScN (04 Years Program)

4 PASSPORT
SIZE
PICTURES

Name:			F	ather Name:		
(As per SSC or equ	ivalent certi	ificate in BLO	CK letters)			
Date of birth (DD/	MM/YY):		A _{	ge:	Gender: M / F	
Married/Unmarried: Domicile:			Nationality:			
Address:						
				Email:		
Valid WhatsApp N						
Permanent addres						
Is your Father/Mo						
					 artment:	
In case of emerge				, Бер		
-			tionshin w	ith annlicanti		
	ame: Relationship with applicant: none: Address:					
Academic Qualific Qualification	Year of passing	Marks Obtained	Total Marks	Percentage	Name of the Board	
Matric						
F.Sc Pre-Medical						
KMU-CAT						
			1			
Guardian's Name:				Income & Occup	pation:	
Certified that the		·				
Signature of the Applicant's Father/Guardian			ian	Signature of the Applicant		
CNIC No:				CNIC No		
Date:						

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 Generic BScN application processing fee (DO NOT ATTEST)
П	The current KMU-CAT
Ш	The current kino-car
	Secondary School Certificate Examination (Science).
	Higher Secondary School Certificate Examination (FSc: Pre-Medical)
	DMC of Matriculation examination
	DMC of FSc examination
	Domicile certificate
	National Identity card of the candidate
	Computerized National Identity Card of the father/guardian.
	Four passport size-coloured photographs of the applicant attested on the back.
	If son/daughter of NCN/BKMC/GKMC employee, attach the copy of his/her
	employee card and a letter from the concerned head of department confirming
	his/her employment.