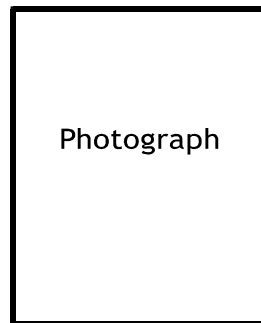




DOW UNIVERSITY OF HEALTH SCIENCES

APPLICATION FORM *for* ADMISSION *in* BACHELOR OF NURSING (Session 2020-21) *at* Dow Institute of Nursing and Midwifery



Post RN BSM Post RN BS Nursing

Fill the form in block letters.

Name of Applicant _____ Father's Name _____

Birth Date Birth Location _____ Birth Country _____ Age on closing date _____

National ID No. - - Marital Status _____ Religion _____ Male Female
Or "B" Form No. _____

Home Address (Present) _____ Tel No. _____
Mobile: _____

Home Address (as mentioned in CNIC) _____ E-mail: _____

	Candidate's		Father's		Guardian's	
	Domicile	PRC	Domicile	PRC	Domicile	PRC
Certificate No.						
District Name						
Date of Issue						
Place of Issue						

Particulars of Father/Mother/ Guardian

Name _____ Male Female

Marital Status _____ Relationship with Candidate _____

National ID No. - - Home Address _____
(as mentioned in CNIC)

Mobile No. _____ Tel No. _____

Fathes/Guardian Income _____ Occupation _____

Department _____ Employer _____

Designation _____ Highest Education Level _____ Citizenship of Province _____

Left hand thumb impression of Applicant

Applicant's Signature

Father's / Guardian Signature

NOTE: INCOMPLETE FORM WILL BE REJECTED

- Paid Fee Voucher of Rs.2,000/- Yes No
- 03 Year General Nursing Diploma attached Yes No
- 01 Year Diploma in Midwifery attached Yes No
- (any post Speciality for Males in Lieu of Midwifery)
- 01 Year Clinical Experience attached Yes No
- Valid PNC Registration attached Yes No
- Father's CNIC attached Yes No
- Candidate's CNIC / B form attached Yes No

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Fill all the columns of application form in BLOCK LETTERS with BLACK PEN.
2. Be sure to tick the appropriate Box in the application form..
3. Photocopies of all required documents must be attested by Govt. officer, grade 18 and above.
4. Photocopy of the application form and incomplete form will be rejected.
5. No form will be accepted in any case after the last date and time of the application form.
6. Each application for admission should be accompanied by **Non Refundable Entrance Test Fee** of Rs.2,000/- (Rupees two thousand Only) in the form of Paid Fee Voucher in UBL Baba-e-Urdu Road Branch, Karachi.
7. Carefully check the **'Required Documents'** list mentioned in the Application Form.
8. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
9. The application form and required documents completed in all respect should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi.
10. In case, there is any change in the date of Entrance test due to some unavoidable situation, it will be notified on the website of DUHS www.duhs.edu.pk
11. **DO NOT** submit the original documents along with the application form.
12. All queries should be sent on email address mentioned on the Back page.
13. No candidate should contact personally for any queries.
14. Daily visit the website of DUHS for announcement and informations.
15. Do not forget to keep the Photocopy of the application form in your own record.

Collecting Branch Copy



Bachelor of Nursing
(Session 2020-21)

DOW UNIVERSITY OF HEALTH SCIENCES
DMC CAMPUS
UBL A/C # 101-3400-6
Baba-e-Urdu Road Branch, Karachi- 0401

Due Date: 15/01/2021

Matric Roll No:

NAME: _____

FATHER NAME: _____

DETAIL OF FEES:	AMOUNT
Application Processing Fee	Rs.2,000.00
Total	Rs.2,000.00
Rupees: Two thousand Only	

Note: The Fee amount should be deposited with the Application Form at authorized UBL Branches.

Receiving Branch Stamp & Signature

Applicant Signature

DUHS A/c Copy



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Application Form Copy



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