



SCHOOL OF NURSING

MEDIKS INSTITUTE OF HEALTH SCIENCES
APPLICATION FORM
SESSION FALL 2025

Form No. _____ (For office use only)

(The form should be filled in BLOCK letters)

GBSN (Degree program)		Lady Health Visitor (LHV)	
Certified Nursing Assistant (CNA)		Community Midwife (CMW)	

1. Name:

2. Date of Birth:

		-			-				
d	d		m	m		y	y	y	y

3. Nationality:

Passport
Size Photograph
(Attested at back)

4. CNIC Number:

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5. Phone Number:

Home:

Mobile:

6. E-mail: Active WhatsApp No:

7. Residential Address :

8. Father's Name/Guardian's Name :(with CNIC No.)

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9. Father's Occupation :

10. Father's/Guardian's E-mail Address :

11. Any previous admission in a professional college :

12. Emergency Contact Person :

Name & Relation:

Telephone Number Office: Res: Mobile:

13.		ACADEMIC RECORD					
Examination		Year of Passing	Name of the Board / Institution	Total Marks	Marks Obtained	Grade	Percentage
Matric / O-Levels							
F.Sc /A-Levels							
Diploma in General Nursing	Year I						
	Year II						
	Year III						
Midwifery							
Specialty (Please Specify)_____							
Any other Qualification							

14. Do you require hostel accommodation (Subject to availability):.....

15. **DECLARATION**

I, Mr./Ms/Mrs. _____ Son/ Daughter /Wife of _____, declare that the above information provided by me is correct. I have read and understood the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of the Institute. I have adequate financial resources to support my studies at the Institute. I fully understand that all fees, once paid are not refundable under any circumstances, I will not object any additional charges levied in the future by the Government, University or Institute.

Applicant's Signature

Signature of Parent/Guardian

Date

CHECKLIST

- Application form.
- Attested five Passport size photographs.
- MIHS Prospectus and Admission Processing Fee Rs. 2000/-.
- Attested photocopy of Matriculation or equivalent qualification with IBCC equivalence Certificate.
- Attested photocopy of FSc. or equivalent qualification with IBCC equivalence certificate.
- Attested copy of 3 years diploma in Nursing/ DMCs of each year (For Post RN BS Nursing)
- Attested copy of one year diploma in Midwifery/Specialty (For Post RN BS Nursing)
- Attested copy of experience certificate of at least one years in any nationally recognized hospital. **(For Post RN BS Nursing)**
- Attested copy of valid PNC Card (only for Post RN BSN Students)
- Attested copy of CNIC of self & father / Guardian. (Provide B Form if candidates' NIC has not yet made.)
- Attested copy of Domicile.
- No objection certificate (NOC) for government employees only. (For Post RN BS Nursing)