



**COLLEGE OF NURSING,
KING EDWARD MEDICAL UNIVERSITY/
MAYO HOSPITAL, LAHORE.**
Email: collegeofnursing.kemu@gmail.com



(Roll Number)

**ORIGINAL
For Office Use**

**ADMITTANCE CARD
ENTRY TEST EXAMINATION**

For office use only

PROGRAM _____

Venue: (for office use only): -KEMU Lahore

Date of Exam: 05-11-2017 Time: 11:00 am.

Name: _____

Father's Name: _____

CNIC /Passport No. _____

Mobile: _____ E-Mail Address (Compulsory) -----

Paste Recent
Photograph
(ID card size)

NOTE:

- Bring original CNIC/ PASSPORT.
- Bring your own Blue Ball Point; exchange of stationary is strictly prohibited.
- Cell Phones /PDAs/other electronic devices are strictly prohibited inside the Examination centre.
- No facility for collection of Cell Phones /PDAs/other electronic devices etc. will be available at the examination centre.
- Candidate must reach in the examination hall at least 30 minutes before the start of examination.
- The candidate is not allowed to leave the examination centre till closing time.

Signatures of the Candidate



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(Roll Number)

**DUPLICATE
For Candidate**

**ADMITTANCE CARD
ENTRY TEST EXAMINATION**

For office use only

PROGRAM _____

Venue: (for office use only): -KEMU, Lahore

Date of Exam: 05-11-2017 Time: -11:00 am.

Name: _____

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APPLICATION FORM FOR JOINT CENTRALIZED ADMISSION TEST

Paste Recent
 Photograph
 (ID card size)

Tick the relevant box:
 Post RN BSN 2 Year Degree Program

Note:- Form must be filled in capital letters

Applicant's Personal Information

1. Full Name
 [Grid for full name]

2. Father's Name
 [Grid for father's name]

3. CNIC. No. [Grid for CNIC number] 4. Gender
 Male Female

5. PNC Registration No. [Grid for PNC registration number] Passport No. (in case of Foreigner) [Grid for passport number]

6. General Nursing and Midwifery (Institute)
 [Grid for institute name]

7. Mobile No.(without dash) [Grid for mobile number] Phone No. (Res / Off) (without dash) [Grid for phone number]

8. Email Address (Capital letters)
 [Grid for email address]

9. Postal Address
 [Grid for postal address]

10. Nationality Pakistani Foreigner

11. Domicile Punjab Other

12. Mode of Fee Bank Draft Pay Order

13. Bank Draft / Pay Order No: [Grid for bank draft/pay order number]
 Bank Name [Grid for bank name]

[Grid for bank name continuation]

(Signature of Applicant)

14. EDUCATIONAL INFORMATION:

Name of Course	Examination Board	Session	Total Marks	Marks Obtained	Marks Percentage
Matric/O-levels					
Intermediate (Pre-Medical)					
General Nursing					
1 st Year					
2 nd Year					
3 rd Year					
Midwifery					
Any other Training Only for male					

WORK EXPERIENCE AS CHARGE / HEAD NURSE /NURSING INSTRUCTORS/ASSISTANT NURSING INSTRUCTORS:**(Duly issued by Head of Institution/Hospital)**

Job Title	Name of Organization	Date of appointment/ Posting		Date of Service Regularization
		From	To	

15. Declaration and Signature**I solemnly declare that:**

- All the information provided by me in this form is correct to the best of my knowledge and belief, and no material has been concealed or withheld herein. Incomplete form in any way will be rejected.

Signature of Applicant

Date: / /

16. Check List

Please staple your document in following order top to Bottom:

- 1) Application Form for Entry Test (Page Wise)
- 2) Enclosed Experience certificate from employer.
- 3) Enclosed attested copies of:
 - 4) Matriculation 5) Intermediate (Pre-Medical) 6) Diploma General Nursing
 - 7) Marks Sheet 1st Year, 2nd Year and 3rd Year 8) Diploma in Midwifery with mark sheet
 - 9) Any Specialization for male only 10) Valid CNIC 11) PNC Registration card
 - 12) Original pay order /Bank Challan