



**COLLEGE OF NURSING,  
KING EDWARD MEDICAL UNIVERSITY/  
MAYO HOSPITAL, LAHORE.**

*Email: [collegeofnursing.kemu@gmail.com](mailto:collegeofnursing.kemu@gmail.com)*



(Roll Number)

**ORIGINAL  
For Office Use**

For office use only

**ADMITTANCE CARD  
ENTRY TEST EXAMINATION**

PROGRAM \_\_\_\_\_

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

**Date of Exam: 24-11-2019 Time: 10:00 am.**

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC /Passport No. \_\_\_\_\_

Mobile: \_\_\_\_\_ E-Mail Address (Compulsory) -----

Paste Recent  
Photograph  
(ID card size)

**NOTE:**

- Admittance Card is provisional. Result will be quashed if found ineligible.
- The Candidates are directed to keep their ears visible during the course of examination.
- Bring Admittance Card & Original CNIC/ PASSPORT (Entry will not be allowed without Admittance Card & CNIC/Passport).
- Pen/Pencil, Mobile, Calculator, Jewelry, Hand Bag, eatables, electronic devices and any printed material is not allowed.
- Entry in Examination Center will close at 9:30 AM. Candidates are suggested in their own interest to reach at 09:00 AM.
- Pen/Pencil and stationary, required for examination, will be provided by the University.
- Unauthorized change of seat, communication or disturbing other candidates, shall be liable for initiating administrative/Legal action.
- Candidate shall be required to return this Admittance Card before leaving the Examination Centre.

**Signatures of the Candidate** \_\_\_\_\_



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**DUPLICATE  
For Candidate**

For office use only

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PROGRAM \_\_\_\_\_

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**Signatures of the Candidate** \_\_\_\_\_



**14. EDUCATIONAL INFORMATION:**

Name of Course	Examination Board	Session	Total Marks	Marks Obtained	Marks Percentage
Matric/O-levels					
Intermediate (Pre-Medical)					
General Nursing					
1 <sup>st</sup> Year					
2 <sup>nd</sup> Year					
3 <sup>rd</sup> Year					
Midwifery					
Any Specialization					
Post-Graduation					
Any other Training					

**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		Duration	Date of Service Regularization
		From	To		

**15. Check List, (Please tick the following/Enclosed attested copies of):-**

S#	Enclosures	✓/x	S#	Enclosures	✓/x
01	Application Form for Entry Test (Page Wise)		07	Diploma in Midwifery with mark sheet	
02	Enclosed Experience certificate from employer.		08	Any Specialization	
03	Matriculation		09	Valid CNIC	
04	Intermediate (Pre-Medical)		10	PNC Registration card	
05	Diploma General Nursing		11	Original pay order /Bank Challan	
06	Marks Sheet 1 <sup>st</sup> Year,2 <sup>nd</sup> Year and 3 <sup>rd</sup> Year		12	NOC from current institute and SHC&ME is mandatory for in service candidates.	

**16. 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 Candidate

For Regular Candidates

\_\_\_\_\_  
Signature of CNS/DCNS/NS

\_\_\_\_\_  
Counter Sig. of Head of Institute