



KISHWAR SULTANA COLLEGE OF NURSING & ALLIED HEALTH SCIENCES

Passport Size
Picture
Blue Background

SESSION: _____

Program Applied For

Personal Details

(Must Fill this section in CAPITAL LETTERS)

Name (Block Letters) _____

Student's CNIC # - - Blood Group _____

Date of Birth Email _____

☎ _____ ☎ _____ 📞 _____

Gender Male Female Other Marital Status Single Married

Domicile _____ Nationality _____

Correspondence Address _____

Permanent Address _____

Do you have any learning disability? Yes No If Yes, Please Specify _____

Parent/ Guardian Details

Father / Guardian Name: _____ Relation: _____

Father / Guardian CNIC: - -

☎ _____ ☎ _____ 📞 _____

Academic Record

Certificate	Year of Passing	Roll No	Registration No	Board BISE (City Name)	Total Marks	Obtained Marks	Per%

Note: Attached all documents for admission.