

Form No. _____



SAIFEE BURHANI SCHOOL OF NURSING
(A Project of Saifee Hospital Trust)
Recognized by Pakistan Nursing Council
Affiliated with Dow University of Health Sciences



APPLICATION FORM FOR ADMISSION IN SBSON
IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Candidates are advised to read the instructions carefully for admission to School of Nursing before submitting the application form.
2. Fill all forms of application in **BLOCK LETTERS** with **BLACK PEN**.
3. Be sure to tick the appropriate Box in the application form.
4. Photocopies of all required documents must be attested by Govt. Officer, grade 18 and above.
5. Photocopy of the application form and incomplete form will be rejected.
6. No form will be accepted in any case after the last date and time of submission of application form.
7. Carefully check the **REQUIRED DOCUMENTS LIST** mentioned at back before submitting the application form.
8. In case, there is any change in the date of entrance test due to unavoidable circumstances, it will be notified on the website of SBSON/SBSON notice board.
9. **DO NOT** submit the original documents along with the application form. Verified original document will be required at the time of admission.

CHECK LIST OF THE DOCUMENTS REQUIRED

Please tick the Box to ensure the photocopies of required documents that are attached with this application form

REQUIRED DOCUMENTS

- Matric Certificate
- Matric Mark sheet
- Intermediate Certificate
- Intermediate Mark Sheet
- Domicile
- PRC
- Candidate CNIC/B Form
- Father / Guardian's / Referee CNIC
- Passport size photograph (8 copies)

IF APPLICABLE

- Diploma in Midwifery/Technical Education
- Mark sheet of Midwifery/Technical Education
- PNC Licence
- Experience Certificate(s)

Academic Qualification:

S #	Degree / Diploma	Institution	Board	Grade	Passing Year
1.	Matriculation				
2.	Intermediate				
3.	Diploma in Midwifery/Techincal Education				
4.	Any Other				

PNC License # (if applicable): _____

Additional Qualification:

S #	Degree / Diploma	Institution	Board	Grade	Passing Year
1.					
2.					
3.					
4.					

Practical/ Professional Work Experience:

S #	Designation/Position	Institution	Duration	From	To
1.					
2.					
3.					
4.					
5.					

Required Financial Assistance

Yes No

If yes (Tick one option):

Scholarship** Loan

Verified by Father/ Guardian:

Name: _____ Signature: _____ Date: _____

**** Scholarship will be granted, if candidate meets eligibility criteria as per SBSON Policy**

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it, in form of cancellation of my admission from the School of Nursing.

Signature of Father/Guardian

Signature of Applicant

SAIFEE BURHANI SCHOOL OF NURSING

PARTICULAR OF FATHER/MOTHER/GUARDIAN

Name: _____

Occupation: _____ **Designation:** _____

Place of Work: _____

Name of Organization: _____

Office Address: _____

Present Residential Address: _____

Permanent Address: _____

E-mail Address: _____ **Office Phone #:** _____

Cell #: _____ **Residence #:** _____

Religion: _____ **Nationality:** _____

Name and Phone number of contact person (in case of emergency):

Signature of Father/Mother/Guardian

Date

Two References: (Should not be closed relatives)

Referee 1:

- ❖ Name: _____
- ❖ How do you know applicant: _____
- ❖ Since how long do you know applicant: _____
- ❖ Contact numbers:
 - Land line # : _____
 - Office # : _____
 - Cell # : _____

Signature of referee: _____ Date: _____

Referee 2:

- ❖ Name: _____
- ❖ How do you know applicant: _____
- ❖ Since how long do you know applicant: _____
- ❖ Contact numbers:
 - Land line # : _____
 - Office # : _____
 - Cell # : _____

Signature of referee: _____ Date: _____

For office use:

Date of submission: _____

Submitted to: _____



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Admit Card for Entrance Test
SESSION 2017-2018

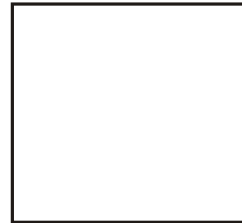
Form no.: _____

Program: _____

Date: _____

Time: _____

Venue: _____



Name of Candidate Mr./Ms./Mrs.: _____

Age: _____ Gender: _____ NIC / B-Form#: _____

Address: _____

Land Line#: _____ Mobile#: _____

Email: _____

For Office Use

Issuing Authority Name:

Signature:

Seal:

Signature of Candidate

Instructions for The Candidate:

1. If there is any change regarding **ENTRY TEST**, Venue of timings, it will be mentioned on SBSON website and on Notice Board.
2. CANDIDATE WILL NOT BE ALLOWED TO APPEAR IN THE TEST WITHOUT THIS ADMIT CARD.
3. No identification other than this admit card will be acceptable.
4. Candidate is required to reach the venue at least two(2) hours before the test.
5. Any material or electronic device / mobile phones / scientific calculator etc, will not be allowed, under any circumstances.
6. Only simple calculator is allowed.
7. If any student is found, using unfair means or cheating he/she will be disqualified from the test and institution.