

Shaukat Khanum Institute of Health Sciences

APPLICATION FORM

Post Basic Diploma in Nursing

D		
Date:		

Please staple two photographs with blue background. (Size 1.5 in x 2 in)

Attested recent photograph bearing the name of the applicant at the back.

(Please do not attest on candidate face)

Documents checklist:

- $\hfill\Box$ Copy of National Identity Card / Passport Front Page with Details
- ☐ Copy of PNC Registration Card
- ☐ Two Photographs (colored/passport size with blue background)
- □ Educational Documents
- ☐ Experience Certificates/Letters
- □ Resume/Biodata

APPLICATION FOR POST RN DIPLOMAS

$\begin{array}{ccc} \underline{\textbf{Please mark one of the following Diplomas you are applying for.}} \\ \square & \text{Diploma in Oncology Nursing (DION)} \end{array}$

- Diploma in Peri-operative Nursing (DIPON)
- Diploma in Critical Care Nursing (DICCN)

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FULL NAME (CAPITALS)																
FATHER'S /HUSBAND'S NAME																
PRESENT ADDRESS																
	TEL															
PERMANENT ADDRESS																
					T	EL	ı									
E-MAIL ADDRESS														·		
NATIO	NAI	L ID	CAF	RD I	DETAI	L/	PAS	SP	ORT I	DET	'AIL					
National I.D. Card #																
Passport #					Nationa	lity	,									
Date of Birth					Place O	f B	irth									
Marital Status				☐ Married			☐ Divorced				☐ Widower					
Number of Dependents	Spouse								Children:							
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Pakistan Nursing Council Registration #									Expir	y Dat	e					
Registration in Own Country / where currently employed									Expir	y Dat	e					
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Examination Passed	Name of Institu				ıtion Year			r	Divisio	n	Major Subject					
Matriculation																
Inter (Art/Sc./Com)																
BA/B.Sc./B Com/B Ed																
MA/M.Sc./M. Com /M.Ed./ Ph.D.																
Others:																

	(D)		ROFESSION				· 4)		
(Please write your qualification Inst			Our qualinca Institution	uons s	Year	With mos Division		· Subject	
Diploma in Nursing									
Post-RN BSN									
BSN (4 Years)									
Post-Basic Diploma (any)									
Diploma in Midwifery									
Others									
			LANGU	AGE SI	KILLS		_		
		English	Speak		Read		Write		
Languages Urdu Other_		Urdu	Speak		Read		Write		
		Other	Speak		Read		Write		
Computer Skills:			Fair		Good		Excellent		
			EMPLOYM	IENT I	RECOF	RD			
Date Employer'		r's Name& Addro	ess	Pos	sition Held	Reasons for Leaving			
From	From To								
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3.5			1,000		1				
	Accident / Ill	ness:							
Surgery		ı. ıı	1 44 9						
	-	lically examined							
How ma	any sick leav	e have you had i	n the last 12 mo	nths?					

REFERENCES Please give the names of two Professional/Academic referees, who have known you for at least 12 months. One must be your current manager Full Name Designation Address Telephone / E-mail Address 2

	program you have applied for				
Why do you want to do this course? How will it help you in future? What are your expectations from this course?)					
					
ou may use separate sheet					

For External Candidates only

Are you under any Service Bond with your present employer?
Yes
If 'Yes' give details of Bond (Period & Requirements):
Have any criminal charges been brought against you?
Yes
If 'Yes, please give the details.
I solemnly declared that the information given in this application is true to the best of my knowledge and
belief and I understand that a false statement will be considered sufficient cause for dismissal in the event
of employment.
Name:
Signature:
Data