

15. ACADEMIC RECORD

(Candidates who hold qualifications other than FSc. and Matriculation will be required to provide Equivalence Certificates from the Inter-Board Committee of Chairmen)

Examination Tick whichever is applicable	Qualification	Year of Passing	Marks obtained	Total Marks	Name of the Institution
<input type="checkbox"/> Matriculation Or Equivalent (as determined by IBCC)					
<input type="checkbox"/> FSc. Or Equivalent (as determined by IBCC)					
<input type="checkbox"/> Others					

Complete application along with a copy of the following attested documents:

(Incomplete forms shall **NOT** be entertained)

Sr. No.	Bachelor of Science in Nursing (BSN 4 years)	Bachelor of Science in Nursing (Post RN 2 years)
1	Academic Record: Matric/O-level or Equivalent, FSc./A-Level or Equivalent result cards mentioned in section 15 above	
2	CNIC/Form-B of the Applicant	
3	CNIC of Father/Parent	
4	Four passport size photographs(with blue background)	
5	Domicile Certificate	
6	No Objection Certificate (NOC) If domicile is from a province other than Punjab	No Objection Certificate (NOC) From workplace
7	NA	Three (3) Years Nursing Diploma with one year Midwifery verified by the Nursing Board
8	NA	Valid PNC Registration Card
9	NA	Work Experience Certificate

DECLARATION

I, Mr / Ms _____, son / daughter of _____, an applicant for admission to Shalamar Nursing College, solemnly affirm and declare that all the above information given by me is correct. I have read and understood the College Prospectus and the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of Shalamar Nursing College. I undertake that I have adequate financial resources to support my studies at the Shalamar Nursing College for the entire duration of course of study. I fully understand that fee once paid may be refunded as per Organization rules. I will not object to any additional charges levied by the Government, University or College during the course of my studies.

Applicant's Signature

Signature of Parent

Date

Payment of Rs.750/- should be submitted to Shalamar Medical & Dental College. In case of Downloaded form, a bank draft / pay order of Rs.750/- in favour of Shalamar Medical & Dental College will be required at the time of submission of application form.

Applications should be submitted **in person** or **via courier** to:

General Manager Student Affairs,
Shalamar Medical & Dental College,
Shalimar Link Road, Mughalpura, Lahore, Pakistan.
Tel: 042 36852658, 36818604, & 36852609 Fax: 04236835555
E-mail: info@smdc.edu.pk, Website: www.smdc.edu.pk