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| Picture |

Form no……../2025

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| Tick the course |  |  |  |  |

BSCN CNA LHV CMW

Name …………………………………………………………………………

Father Name ………………………………………………………………………..

Date of Birth. Year…………Month……………. Day……………

N.I.C.NO/ Form B ………………………………………………………………….

Address………………………………………………………………………………

City ……………… province …………………………..

Phone Number …………………………………………

Guardian / Parents Mobile Number Compulsory …………………………………….

Father Occupation…………………………………………………………………….

Write in box below 4 if HAFIZUL QURAN

|  |  |  |  |
| --- | --- | --- | --- |
| SNO. | Qualification | Total marks | Obtain marks |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

I certify that information provided above is true and if any information is wrong the selection committee can reject my admission process any time and I will not claim any financial return from the college.

Signature of student ………………… signature of parents/guardian …………………

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| PICTURE |

ROLL NO………………………………………….

Name …………………………………………………………………

Father Name ………………………………………………………….

NIC NO:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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ADDRESS …………………………………………………………………………………………

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Contact Numbers ……………………………

Principal HCN and Allied Health

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| ……………………………………………………………………………………………………………. |

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| PICTURE |

ROLL NO………………………………………….

Name …………………………………………………………………

Father Name ………………………………………………………….

NIC NO:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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ADDRESS …………………………………………………………………………………………

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Contact Number ……………………………….

**Note:** **Please attach attested copies of: Matric, FSc. Certificate along with DMCs**

**Domicile and CNIC or farm B and three passport size photographs**

Principal HCN Swat