



# SINDH INSTITUTE OF HEALTH & TECHNOLOGY

## Khairpur, Sindh

### ADMISSION FORM

**Application No:** \_\_\_\_\_ (official Use only)

*\*Tick the Box, in which program you're going to apply*

<b>B.S Nursing (Generic)</b> (4 Years Degree Program) <input style="float: right;" type="checkbox"/>	<b>B.Sc. Nursing (Post-RN)</b> (02 Years Degree Program) <input style="float: right;" type="checkbox"/>	<b>Lady Health Visitors LHV</b> (02 Years Diploma Program) <input style="float: right;" type="checkbox"/>
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<b>Name:</b>			<b>Photo</b>
<b>Father's Name:</b>			
<b>Gender:</b>	Female/ Male	<b>Religion:</b>	
<b>Date of Birth:</b>			
<b>Contact Number:</b>			
<b>Email Address:</b>			
<b>CNIC:</b>		-	
<b>Permanent Address:</b>			
<b>Present Address:</b>			
<b>Emergency Contact:</b>			
<b>Name:</b>	<b>Relation:</b>	<b>Contact Number:</b>	
<b>Address:</b>			
<b>Name of Guardian:</b>			
			<b>Contact Number:</b>
<b>Address:</b>			
<b>Father's CNIC:</b>		-	

**Educational Background: (Copies of attested Documents should be attached)**

Examination	Passing Year	Roll No.	Marks Obtained/Total Marks	Grades/Percentage	Board/University
Matriculation					
F.A/FSc					
Any others					
<i>For Post RN BSc Nursing Only</i>					
G/Nursing					
Midwifery					
Specialization					
Any others					

# DECLARATION

(To be typed on Rs. 100/= Stamp paper)

I \_\_\_\_\_ D/O, W/O \_\_\_\_\_

declare that the information which I have given above is true. I have read the rules and regulations of the Institute. Moreover, I am aware about the Institute policies and conditions. I also agree that the Institute has the authority to terminate me or put me 1 year back in case of any disobedience and offences.

I also declare that I will abide by the Institution, PN&MC, and University/Nursing Board rules and regulations (absenteeism, non-serious attitude, fee refund, and fee payment). I also bear the responsibility of any disciplinary action taken against me.

However in case I leave SIHAT Institute Khairpur before completion of the course. I shall be liable to penalty of Rs. 200,000/- (Rupees Two Hundred Thousand Rupees) only payable through any order / demand draft to the Sindh Institute of Health and Technology Khairpur.

## Applicant's Signature

CNIC No. \_\_\_\_\_

Full Address \_\_\_\_\_

Contact: \_\_\_\_\_

Mobile: \_\_\_\_\_

Attested By (Judicial / First Class) Magistrate. With Round Seal

**SINDH INSTITUTE OF HEALTH AND TECHNOLOGY,**

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