PAKISTAN INSTITUTE OF OPHTHALMOLOGY
AL SHIFA TRUST EYE HOSPITAL
RALWALPINDI

Attach one recent Passport size Photograph here

Admission Form for the Admission in 2-year Diploma Course of
Certified Nursing Assistant (CNA)

Session: 20____

Section A: Personal Information

1. **Name:** _____Marital Status: Married/Unmarried

2. **Date of Birth**: ____ /_____/ ____ **(DD/MM/YYYY) Domicile/Province**: _____

3. **Father Name**: _____ **Profession:** _____

4. **Postal Address;** _____

   _____

5. **Permanent Address**: _____

   _____

6. **Contact No**: (candidate): _____ (father/guardian): _____

7. **Email**: _____

8. **Are you presently studying in a College/Institute**? _____

   If yes, indicate the name of the college/Institution: _____

   Discipline/Program: _____

9. **Are you presently employed?** _____ If yes, indicate the Organization_____

   Designation: _____

Section B: Academic Record (Please include all examination taken)

Qualifications	Year of Passing	Marks Obtained	Total Marks	Grade/Percentage	Board & Educational Institutions Attended

Section C: Academic Distinctions

Merit Position; _____Scholarships: _____

Medals: _____ Any other distinction: _____

DECLARATION BY THE CANDIDATE:

I hereby solemnly declare that:

a. The information given in this Admission Form is correct to the best of my knowledge and belief and if anything is found incorrect, the Institute will have the right to cancel my admission and expel me from the Institute.

b. I promise to:

   i. abide by the Statutes, Regulations and Rules etc. framed by the Institute from time to time;
   ii. maintain good behavior;
   iii. Work diligently and maintain the dignity and prestige of the Institute both on and off the Campus.

c. I undertake to be a full-time and regular student of the Institute and shall not join any other Programme or accept any employment for the duration of the Programme registered.

d. I further undertake that I will not claim hostel accommodation as a matter or right if admitted in the Institute.

e. I hereby declare as binding on me, that as long as I am a student, I accept all the Statutes, Regulations, and Rules in force at the time of joining the Institute and framed subsequently. I shall submit to the Discipline of the Institute authorities as exercised through its various Committee and Officers.

f. I accept as a condition of my Admission the authority of the Institute to the effect that if my stay is not conducive to the normal academic and community life on the campus, I will not hesitate to withdraw my name after being called upon me to do so, and my Admission will be treated as cancelled.

Signature of the Candidate/Digital Signature

INSTRUCTIONS FOR THE CANDIDATES

1. All entries in the form must be made in BLOCK LETTERS or must be typed.
2. Strike out what is not applicable, but do not leave any entry unfilled.
3. In case an entry does not apply to you, clearly write NOT APPLICABLE. In all other columns write the necessary information or write appropriate replies, such as yes, no, nil etc.
4. One copy of the following documents should accompany the application:
    a. All the degrees and certificates of education mentioned on the second page of this form.
    b. All the detailed marks certificates of education mentioned on the second page of this form.
    c. Equivalence certificate from HEC/IBCC in case of ''O/A-Level' or other qualifications from foreign Universities/Institutes.
    d. Domicile certificate of the candidate.
    e. Character Certificate from the Institution last attended.
    f. National Identity Card of the Candidate.
    g. National Identity Card of the Candidate's Father/Parent/Guardian.

5. Please attach bank draft/pay order for Rs 1000/ in the name of Al-Shifa Trust Eye Hospital with the form.