FOUNDATION UNIVERSITY COLLEGE OF NURSING

ADMISSION FORM

Certified Nursing Assistant (C.N.A) ☐ **Community Midwifery Worker (C.M.W)** ☐

1. Instructions:

a. Form is to be filled in block letters.

b. Please submit form duly completed by **20 Novemebert 2023**

c. Submit "**Admission Form"** in person or to be send by courier to:-

Manager Students Affairs
Foundation University School of Health Science (FUSH)
Defence Avenue, DHA Phase – 1,
Islamabad.

d. Attested Photocopies of following documents to be attached

i. Matric (Science)
ii. FS.c (Pre Medical) Certificate
iii. CNIC or Form "B"
iii Discharge Book of Father /Husband if beneficiary
iv. Two passport size colored photographs.

2. Personal Informations:

a. Name : _____
b. CNIC (Candidate): _____
c. Father's Name: _____
d. Guardian _____
e. Date of Birth : _____
f. Mailing Address:_____
_____
_____
g. Permanent Address:_____
_____
h. Contact : Cell #_____Land Line# _____
i. Educational Qualification: **SSC** Total Marks_____Obtained Marks _____
j. Educational Qualification: **F.Sc** Total Marks_____ Obtained Marks _____

3. Particulars of father/Husband if beneficiary

a. Army No: _____
b. Rank : _____
c. Name: _____
d. Unit/Corps: _____
e. Date of Enrolment: _____
f. Date of Discharge: _____
g. Cause of Discharge: _____
j. Character Assessed at the time of Retirement:_____
k. Contact : Cell #_____Land Line #_____

Date: _____

_____
Signature of Candidate

Foundation University, Islamabad
Al-Shifa Eye Hospital Branch

ADMISSION PROCESSING FEE

BANK COPY

Fall-2020 **Certificate Program**

Due Date: **20 Nov 23**

askaribank A/C No: 0181-1650000020

Candidate's Name:		
Candidate's CNIC No:		
Father's Name:		
Program:	CNA☐	CMW☐

Cash (Rs): **1,500/-**

Total Payment (Cash) Rs:
(One Thousand Five Hundred) Rupees Only.

Overwriting will Not be accepted.

Application Form will not be entertained without Original Deposit Slip (Admission office Copy) with original Bank stamp.

This Fee is Non-Refundable / Non Transferable in any case.

Bank Stamp

Askari Bank Pvt Ltd.

Foundation University, Islamabad
Al-Shifa Eye Hospital Branch

ADMISSION PROCESSING FEE

ACCOUNTS COPY

Fall-2020 **Certificate Program**

Due Date: **20 Nov 23**

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Candidate's Name:		
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Al-Shifa Eye Hospital Branch

ADMISSION PROCESSING FEE

ADMISSION OFFICE COPY

Fall-2020 **Certificate Program**

Due Date: **20 Nov 23**

askaribank A/C No: 0181-1650000020

Candidate's Name:		
Candidate's CNIC No:		
Father's Name:		
Program:	CNA☐	CMW ☐

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Al-Shifa Eye Hospital Branch

ADMISSION PROCESSING FEE

STUDENT COPY

Fall-2020 **Certificate Program**

Due Date: **20 Nov 23**

askaribank A/C No: 0181-1650000020

Candidate's Name:		
Candidate's CNIC No:		
Father's Name:		
Program:	CAN☐	CMW ☐

Cash (Rs): **1,500/-**

Total Payment (Cash) Rs:
(One Thousand Five Hundred) Rupees Only.

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Askari Bank Pvt Ltd.