



SHAMS COLLEGE OF NURSING, VEHARI

4-KM Burewala Road Vehari

☎ 0300-4003163, 0300-4002163

 FOR MORE INFO
shamscon163@gmail.com

 VISIT OUR WEBSITE
www.scnv.edu.pk

Student
Passport Size

Picture
Blue Background

STUDENT DETAIL PERFORMANCE

(Fill in **CAPITAL** Letters as per Matric Certificate)

Student's Details

Day Scholar ☐Boarder ☐

Discipline _____ **Session** _____ **Semester/Year** _____

Marital Status

Gender

Religion

Blood Group

Hafiz Quran	
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01	Student Name (Attach Recent Color Picture)															
02	CNIC No (Attach Copy of CNIC)						-								-	
03	Student Email Address (Active)															
04	Student Mobile No (0300-1234567)	01							02							
05	Student Whatsapp No (Active)															
06	Current Residential Address															
07	Permanent Address															
08	Home Mailing Address															

Father's Details

09	Father Name (Attach Recent Color Picture)	
10	CNIC No (Attach Copy of CNIC)	- -
11	Father Mobile No (0300-1234567)	01 02
12	Father Whatsapp No (Active)	
13	Father's Occupation	

Guardian's Details

14	Guardian Name (Attach Recent Color Picture)	
15	CNIC No (Attach Copy of CNIC)	- -
16	Guardian Mobile No (0300-1234567)	01 02
17	Guardian Whatsapp No (Active)	
18	Relation with Guardian (Father, Mother, Brother, Sister)	
19	Guardian's Occupation	

Matric Marks Detail			
25	Board Name (BISE)		
26	Roll No		
27	Registration No		
28	Passing Year		
29	Total Marks		
30	Obtained Marks /Per%		
31	Total Marks in Science Subjects		
32	Obtained Marks /Per%		
33	Total Marks in Biology		
34	Obtained Marks /Per%		

Midwifery (1 Year)			
45	Board Name (NEB)		
46	Roll No		
47	Registration No		
48	Serial No		
49	Passing Year		
50	Total Marks		
51	Obtained Marks / Per%		

F.S.C Marks Detail			
35	Board Name (BISE)		
36	Roll No		
37	Registration No		
38	Passing Year		
39	Total Marks		
40	Obtained Marks /Per%		
41	Total Marks in Science Subjects		
42	Obtained Marks /Per%		
43	Total Marks in Biology		
44	Obtained Marks /Per%		

General Nursing (3 Years)			
52	Board Name (NEB)		
53	Roll No		
54	Registration No		
55	Serial No		
56	Passing Year		
57	Total Marks		
58	Obtained Marks / Per%		

DECLARATION:

I Mr./Ms. _____ Son/Daughter of _____

An applicant for admission to SHAMS-CON, Vehari, solemnly affirms and declares that the above information provided by me is correct. I have obtained and read the college prospectus and understood the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of SHAMS-CON, Vehari currently in force, as well as any modifications to these rules and regulations made from time to time by the authorities of the institution. I undertake that I have adequate financial resources to support my studies at SHAMS-CON, Vehari for the entire duration of the course. I hereby assure that all dues will be paid by the due date according to the payment schedule of SHAMS-CON, Vehari. I fully understand that the refund of any dues paid will be governed by the college refund policy. I will not object to any additional charges levied by the University/Council/College during the course of my studies. I will clear all my dues, including tuition fee and hostel dues, before the start of every academic semester/year.

Student's Signature

Father's Signature

Guardian's Signature