

① Have you ever been admitted to any Nursing College/Undergraduate, BS Program Previously? Yes ☐ No ☐

If Yes, Please Specify _____

② Do you have any learning disability ? Yes ☐ No ☐

If Yes, Please Specify _____

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.

Applicant's Signature _____

Parent/Guardian's Signature _____

FOR OFFICE USE ONLY

Detail	Amount	Receipt No
Admission Fees		
Tuition Fees		
Others		

Account Office
Stamp & Signature _____

Date of Admission

Granted ☐ Rejected ☐

Remarks _____

Admission Office _____

Principal Office _____

📍 4-KM Burewala Road Vehari

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SHAMS COLLEGE

📞 0300-4003163
📞 0300-4002163