



INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please make sure you have enclosed the following with application for Post RN BSc Programme to The St. JAMES INSTITUTE OF NURSING AND HEALTH SCIENCES: JA(IONHS).

a. **Application Form**

- Complete in all respect as instructed.
- One recent passport size photograph labeled with your name and stapled.

Certification and Other Results

- Attested photocopies of:
 - Mark sheets and Certificate. (Matric /Intermediate)
 - RN, RM / Specialization mark sheets and diplomas.
 - Institutional Provisional Certificate.
 - Pakistan Nursing Council Pre-enrollment no. of RM /Specialization Update/Current registration with Pakistan Nursing Council.
 - Three Years Certificate of work experience as a Registered Nurse & Post basic specialization.
 - Computerized National Identity Card.
 - Domicile & PRC
 - NOC Required if Government job.
 - References along Photocopies of CNIC
 - 12 Snaps passport size in uniform
- b. **Application Fee**
For Residents in Pakistan / Abroad

- Non-refundable application fee payable in cash or bank draft in favour of The St. James Institute of Nursing And Health Sciences.

MONEY ORDERS/ POSTAL ORDERS ARE NOT ACCEPTABLE.

Application will not be processed if it is incomplete

c. **Admit Card**

Complete in all respects applicants will be allowed at the JA(IONHS) written Test.

The completed application form and its enclosed should be posted by registered mail. If delivered by hand, the timing is between Monday to Saturday 10:00am to 04.:00pm.

Return application to:

The Admin Office The St. James Institute of Nursing And Health Sciences

Application form must be submit within seven working days.

Entry Test

Important

It will be the responsibility of the applicant to submit all the relevant documents on time. No reminders will be issued from the Admin Office.

Name:

Card No:

Signature of Applicant

Registrar

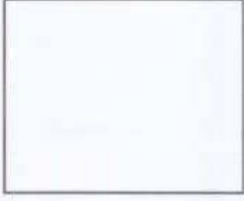
Note: Bring this at the time of Entrance Test



POST RN BSC N DEGREE

The St. JAMES INSTITUTE OF NURSING AND HEALTH SCIENCES

Post RN BSc Nursing Degree Programme Application for Admission



PERSONAL DATA

Please type or write in BLOCK LETTERS.

First Name **Father's/Spouse Name** _____
Surname

Sex: Male Female Marital Status: Single Married

Date of birth _____
Place of birth _____
Citizenship

National ID Card No. _____
Passport No. _____

CORRESPONDENCE ADDRESS

PERMANENT ADDRESS

Telephone (Home or Contact) _____
Telephone(Home or Contact) _____

ADMISSION TEST AND INTERVIEW

- All candidates applying for admission will have to appear in the Entrance Test.
- This Entrance Test will be valid only for the relevant session of admission
- The Institute will issue the admit card for the Entrance Test.
- The candidate will have to appear in the entrance test on the date and in time, as specified in the admit card.
- The admit card will be dispatched through the courier service or by hand.

INTERVIEW



ACADEMIC QUALIFICATIONS

Qualification	Name of School, College, University	Medium of Study	Year Qualified	Division/ Grade	Marks Percentage
BSc / BA					
Inter Science					
Matric Science					

PROFESSIONAL QUALIFICATIONS

Name & of School Examination Board	Year Qualified	Division/ Grade	Current PNC Reg.No.	Expiry Date
RN _____				
RM _____				
Specialization _____				
Others _____				

LANGUAGE SKILLS

	Speak	Read	Write
English	_____	_____	_____
Urdu	_____	_____	_____
Other(s) (Specify)	_____	_____	_____

EXTRA-CURRICULAR ACTIVITIES

Please list your extra-curricular and community activities during the last two years (Attached additional sheets if necessary)

Activity	Special recognition/award/prizes	Dates From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Record:

Present : _____

Previous: _____

Total Working Experience as a RN: _____



REFERENCES:

Give name of the three persons as guarantors (not related to you by blood or marriage) who are able to give information regarding your responsibility, Character and ability. One of whom should be a academic references, Give names 01 persons known to you, other than relatives,

Reference no.1 (Academic)

1. Name: _____ Occupational : _____ Position: _____
Address (Res) _____
Phone No. _____ Mobile No. _____ CNIC No: _____
Address (Off): _____
Signature _____ Phone No. _____ Stamp _____
Known since (which capacity): _____

Reference no.2 (Person known to you)

2. Name: _____ Occupation Position: _____
Address (Res) _____
Phone No. _____ Mobile No. _____ CNIC No: _____
Address (Off): _____ Phone No. _____
Known since (which capacity): _____

Reference no.3 (Church / Religious Official) only for Christian Candidates

3. Name: _____ Occupation Position: _____
Address (Res) _____
Phone No. _____ Mobile No. _____ CNIC No: _____
Address (Off): _____
Signature _____ Phone No. _____ Stamp _____



DECLARATION:

- I certified that the information given in this application is correct and complete.
- Once taken admission will not be cancel and refund and transfer in any case.
- Fees must be paid before exam of each semester.
- If I admitted to this institute I undertake to observe the Institute's regulation and to ensure payment of tuition fees and other financial liabilities to the Institute.
- I agree that the Institute may process personal data contained in this form, or other data which the Institute may obtain from me for any purposes connected with my application or for any other legitimate reason, including disclosure of my data to PNC and University and other competent authorities.
- 85% attendance is compulsory requirement to be eligible for Internal/University Exams.
- 4th Semesters Elective practicum will be in morning only.

Parents / Guardian Data

I Father / Guardian of Mr./Miss _____ hereby declare that the above statement. Particulars are true and that my son / daughter is seeking admission to the Post RN Bsc Nursing with my consent. I hereby also undertake that my son / daughter will abide by the Rules of institution, University and Pakistan Nursing Council as contained in the form. In case he /she fails to do so at any stage, will render him /her self liable for any action that the principal of the institution deem fit according to the provision of relevant rules.

First Name	Father's/Spouse Name	Surname
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Relationship with candidates	
Occupation	Position	National ID Card No.

OFFICE ADDRESS

RESIDENTIAL ADDRESS

Telephone (Home or Contact) Fax no. _____ Mobile no. _____

DISCLAIMER:

The Institute reserves the right to make variation to the contained or methods of delivery of courses, to discontinue, merge or combine courses and to introduce new courses if so required.

Date

Date

APPLICANT'S SIGNATURE

Note: 1. Please attach attested photocopies of all Educational Certificates/Diploma / Professional Mark Sheets/ update Registration of Pakistan Nursing Council / Testimonials, Experiences and Domicile.

OFFICE USE ONLY:

REMARKS:

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