



# PAK-ADVENTIST COLLEGE & HEALTH SCIENCE (PNC REGD)



## Admission Form for CNA

### DEMOGRAPHIC DETAILS

Name: _____	Gender: _____	Religion: _____
CNIC: _____	Mobile: _____	Age: _____

### FATHER/GUARDIAN DETAILS

Father/Guardian name: _____	Phone: _____
Guardian Income (Month/Annual): _____	Phone: _____
Occupation: _____	Emergency Contact Number: _____
Mailing Address: _____	
Permanent Address: _____	

### FAMILY DETAILS

Brother Ph #: _____	Sister Ph #: _____
Mother Ph #: _____	Other: _____

### QUALIFICATION

Degree Name	Roll No.	Passing Year	Institute	Board Name	Obtained Marks	Total Marks	Percentage (Must Be 50% Above)
Matric							
Intermediate							
Other							
Other							

Application Signature: _____	Father/ Guardian Signature: _____
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### FOR OFFICE USE

<b>Admission Status:</b> <input type="checkbox"/> Admitted <input type="checkbox"/> Waiting	<b>Admit Date:</b> /    /	<b>Principal Signature:</b> _____
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**Attach the attested copies of the following documents with this form:**

1. Certified Photocopy of Matric (2 Copies)		2. Passport Size Photo (2 Copies)	
3. Certified Photocopy of Intermediate (2 Copies)		4. Father/Guardian CNIC (2 Copies)	
5. Copy of CNIC /B form(2 copies)		6. Copy of Domicile (2 Copies)	