



آکسفورڈ کالج آف نرسنگ اینڈ
الائیڈ ہیلتھ سائنسز

OXFORD COLLEGE OF NURSING &
ALLIED HEALTH SCIENCES

A-25, Al-khair Hospital, 1st Floor, Ali Town, Scheme 33, Gulzar-e-Hijri, Karachi
Phone : 021-34656167-68. Cell : 0333-3046753, 0300-2304897



OXFORD COLLEGE OF NURSING &
ALLIED HEALTH SCIENCES

ADMISSION FORM

Application# (AP No)

PHOTOGRAPH

(PROGRAM APPLIED FOR)

FILL THE FORM IN BLOCK LETTERS.

1. PERSONAL

Name of Applicant _____ Father's Name _____
(As per Matric Certificate) (As per Matric Certificate)

Nationality _____

Date of Birth

		-			-				
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CNIC #

					-										-	
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 Marital _____ Job Status _____ Religion _____ Gender _____
(Govt. / Pvt.)

Home Address _____ Tel No. _____
(Present) Mobile: _____

Home Address _____ E-mail: _____
(as mentioned in NIC)

1 EDUCATION AND ACADEMIC DEGREES

Academic Degree	Major Subject	School/University/Board	Country	Duration	Result (% / GPA)
Matric					
Intermediate					
Bachelor					
Master					
Other Degree					

2. PRACTICAL / PROFESSIONAL WORK EXPERIENCES

Institution	Position Held	Duration	From	To

3. **COMPUTER SKILLS (PLEASE TICK IN THE RELEVANT BOX)**

Language	None	Fair	Good	Excellent
MS Word				
MS Excel				
MS Power Point				
Internet				
Any Other Advance Skill				

4. **REASONS FOR SELECTING THIS INSTITUTE**

5. **YOUR RECOGNITION / REGISTRATION OF PROFESSIONAL EDUCATION**

Name of Registration Authority: (Like PNC/ PMDC) _____

Registration No. _____ Valid up to _____

6. **SOCIAL ENGAGEMENTS / EXTRA CURRICULAR INTEREST**

APPLICANT’S DECLARATION

I certify that the information in this application is accurate to the best of my knowledge. Furthermore I agree to inform to the admission cell, **OCNAHS** immediately of changes and amendments.

I have taken note of the information provided in and regarding this application as well as the notice about the storage of personal data. I accept responsibility for the completeness of my application. I agree that this application a accompanying documents shall remain with the admission cell, Oxford College Of Nursing & Allied Health Science

Signature

Date

OXFORD COLLEGE OF NURSING & ALLIED HEALTH SCIENCES



**ADMIT CARD
FOR ENTRY TEST**

Candidate’s Copy

Program Applied for

SESSION _____

Roll No.

Name: _____

S/o, D/o, W/o: _____

Postal Address: _____

Tel No: _____ Mobile No: _____

Paste Photograph
Size (1 x 1)

Signature of Candidate

Date _____

Reporting Time _____

For Official Use

Name _____

Signature _____

Seal _____

Note See Instruction Overleaf

OXFORD COLLEGE OF NURSING & ALLIED HEALTH SCIENCES



**ADMIT CARD
FOR ENTRY TEST**

OCNAHS COPY

Program Applied for

SESSION _____

Roll No.

Name: _____

S/o, D/o, W/o: _____

Postal Address: _____

Tel No: _____ Mobile No: _____

Paste Photograph
Size (1 x 1)

Signature of Candidate

Date _____

Reporting Time _____

For Official Use

Name _____

Signature _____

Seal _____

DOCUMENTS REQUIRED /CHECK LIST

1. Matric Certificate/ Marks Sheet	Yes	No
2. Intermediate Certificate / Marks Sheet.....	Yes	No
3. Diploma and Final Year consolidated Marks Sheet..	Yes	No
4. Specialization Diploma if required	Yes	No
5. Valid PNC / PMDC Card	Yes	No
6. Experience Certificate	Yes	No
7. Other Education Certificate (If Any)	Yes	No
8. Candidate Domicile	Yes	No
9. Candidate PRC	Yes	No
10. Candidate CNIC	Yes	No
11. Father's CNIC	Yes	No
12. Passport size picture (12)	Yes	No

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Candidates are advised to read the prospectus carefully for admission to the full time Graduation / Postgraduate Program at **OXFORD COLLEGE OF NURSING & ALLIED HEALTH SCIENCE**, before submitting the application form.
2. Fill all the columns of application form in **BLOCK LETTERS** with **BLACK PEN**.
3. Be sure to tick the appropriate box in the application form.
4. Photocopies of all required documents must be attested by **Govt. officer, grade 17** and above.
5. Photocopy of the application form and incomplete form will be rejected.
6. No form will be accepted in any case after closing date and time of the application form.
8. Carefully check the '**Required Documents**' list mentioned in the prospectus before submitting the application form.
9. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
10. The application form and required documents completed in all respect should be submitted to institute on time.
11. If any eligible candidate has not received the admit card 48 hours prior to the entrance test, he/she should contact **OCNAHS Admission Office**
13. DO NOT submit the original documents along with the application form.
14. All queries should be sent on email address mentioned on the Front page.

PARTICULARS OF FATHER/MOTHER/ GUARDIAN

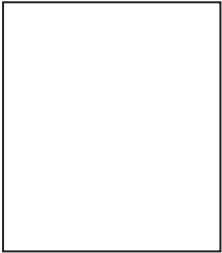


Photo of Father / Guardian

1. Name

2. Occupation3. Designation

4. Place of work

5. Name of organization

6. Office Address

7. Present Residential Address

8. Permanent Address

9. Email address10. Office Phone

11.Mobile Phone12 Res. Phone

13. Any Other Contact Number

14. Annual Income15. Religion

16. Nationality17. NADRA NIC No.

Father’s / Guardian Signature :

HEALTH CERTIFICATE

Note: (Section A, B, & C will be filled by the candidate)

SECTION A

Name: S/o, D/o

Age:	Days	Months	Years
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Height: Weight:

Present Address:

SECTION B

1. Do you smoke? Yes No

2. Do you take any medicine regularly? Yes No

If yes, Specify

3. Any history of allergy? Yes No

4. Do you suffer from any of the following diseases? Yes No

i. Epilepsy? Yes No

ii. ii. High Blood Pressure? Yes No

iii. iii. Psychiatric illness? Yes No

iv. iv. Rheumatic Heart Disease? Yes No

v. v. Hepatitis B/C? Yes No

vi. vi. Physical Disability Yes No

If yes, Specify

SECTION C

Details of previous Vaccination			Detail of Booster Vaccination
1. Measles.....	Yes	No	
2. Mumps.....	Yes	No	
3. Rubella.....	Yes	No	
4. Tetanus.....	Yes	No	
5. Pertussis.....	Yes	No	
6. Whooping Cough.....	Yes	No	
7. Hepatitis B.....	Yes	No	

Certification: I hereby certify that the above information given by me is correct.

Signature Father / Mother

Signature