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 | | | - | | | - | | | | |

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

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

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

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_____

ReportingTime_____

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_____

ReportingTime_____

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 FATHE R/MOTHER/ GUARDIAN

Photo of Father / Guardian

1. Name _____

2. Occupation _____ 3. Designation _____

4. Place of work _____

5. Name of organization _____

6. Office Address _____

_____

7. Present Residential Address _____

_____

8. Permanent Address _____

_____

9. Email address _____ 10. Office Phone _____

11. Mobile Phone _____ 12 Res. Phone _____

13. Any Other Contact Number _____

14. Annual Income _____ 15. Religion _____

16. Nationality _____ 17. 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

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**