



**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, **HSNHS** 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, Horizon School of Nursing and Health Sciences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **IMPORTANT INSTRUCTIONS FOR CANDIDATES**

1. Candidates are advised to read the prospectus carefully for admission to the full time Graduation / Postgraduate Program at HORIZON SCHOOL OF NURSING & HEALTH SCIENCES ,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 **HSNHS 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**

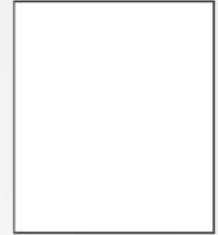


Photo of Father / Guardian

1. Name \_\_\_\_\_

2. 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. High Blood Pressure.....                               | Yes | No |
| iii. Psychiatric illness.....                              | Yes | No |
| iv. Rheumatic Heart Disease.....                           | Yes | No |
| v. Hepatitis B/C.....                                      | Yes | No |
| vi. Physical Disability .....                              | Yes | No |

If yes, Specify \_\_\_\_\_

## SECTION C

### Details of previous 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 |

### Detail of Booster Vaccination

_____
_____
_____
_____
_____
_____

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

\_\_\_\_\_  
Signature Father / Mother

\_\_\_\_\_  
Signature

## 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

# HORIZON SCHOOL OF NURSING & 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

# HORIZON SCHOOL OF NURSING & HEALTH SCIENCES



## ADMIT CARD FOR ENTRY TEST

**HSNHS 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 \_\_\_\_\_

Record Copy

S.No. \_\_\_\_\_

# HBL

Taimuria Market Branch Block 'B'  
North Nazimabad, Karachi-74600, Pakistan

## Student Fee Voucher

Credit: Horizon School of Nursing & Health Sciences  
Collection Account No. : 0006347900504403  
Website : [www.horizonsnhs.com.pk](http://www.horizonsnhs.com.pk)

Tel : 021-36649444, 0332-8999444, 0321- 9224721

Date : \_\_\_\_\_

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Program : \_\_\_\_\_

Student ID : \_\_\_\_\_

Enrollment # : \_\_\_\_\_

Student NIC # : \_\_\_\_\_

PARTICULARS	AMOUNT
Admission Fee	
Tuition Fee	
Security Deposit	
Library Fee	
Extra Curriculum	
Development Fund	
Enrollment Fee	
Uniform Fee	
Examination Fee	
Prospectus Fee	2500/-
late fee	
<b>Total</b>	

Amount (in words) : Twenty Five Thousand Rupees Only/-

Bank Officer

Depositor Sign

Account Copy

S.No. \_\_\_\_\_

# HBL

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Date : \_\_\_\_\_

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Program : \_\_\_\_\_

Student ID : \_\_\_\_\_

Enrollment # : \_\_\_\_\_

Student NIC # : \_\_\_\_\_

PARTICULARS	AMOUNT
Admission Fee	
Tuition Fee	
Security Deposit	
Library Fee	
Extra Curriculum	
Development Fund	
Enrollment Fee	
Uniform Fee	
Examination Fee	
Prospectus Fee	2500/-
late fee	
<b>Total</b>	

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Bank Officer

Depositor Sign

Student Copy

S.No. \_\_\_\_\_

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Date : \_\_\_\_\_

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Program : \_\_\_\_\_

Student ID : \_\_\_\_\_

Enrollment # : \_\_\_\_\_

Student NIC # : \_\_\_\_\_

PARTICULARS	AMOUNT
Admission Fee	
Tuition Fee	
Security Deposit	
Library Fee	
Extra Curriculum	
Development Fund	
Enrollment Fee	
Uniform Fee	
Examination Fee	
Prospectus Fee	2500/-
late fee	
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Bank Copy

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Date : \_\_\_\_\_

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Program : \_\_\_\_\_

Student ID : \_\_\_\_\_

Enrollment # : \_\_\_\_\_

Student NIC # : \_\_\_\_\_

PARTICULARS	AMOUNT
Admission Fee	
Tuition Fee	
Security Deposit	
Library Fee	
Extra Curriculum	
Development Fund	
Enrollment Fee	
Uniform Fee	
Examination Fee	
Prospectus Fee	2500/-
late fee	
<b>Total</b>	

Amount (in words) : Twenty Five Thousand Rupees Only/-

Bank Officer

Depositor Sign



## Steps for completion of registration...

1. Download the Form from the website
2. Fill out the form with your details
3. Fill out and pay the Chalan at any HBL bank branch.
4. Scan and send the form and chalan at [admissions20.horizon@gmail.com](mailto:admissions20.horizon@gmail.com)

1. ویب سائٹ سے فارم ڈاؤن لوڈ کریں۔

2. اپنی تفصیلات کے ساتھ فارم پُر کریں۔

3. HBL بینک کی کسی بھی برانچ میں چالان کو ادا کریں۔

4. فارم اور چالان کو اسکن کر کے [admissions20.horizon@gmail.com](mailto:admissions20.horizon@gmail.com) پر بھیجیں۔