

HORIZON SCHOOL OF NURSING & HEALTH SCIENCES

SF, 15/A, 3rd Floor Hanif Hospital, Block "B" Near Board Office Contact No: 0332-8999444 / 021-36649444

Email: horizonsonhs@gmail.com / www.horizonsnhs.com.pk

	Al	DMISS	ION FORM		Appli	cation# (AP No
(PROGRAM AI	PPLIED FOR)				РН	OTOGRAPI
FILL THE FORM IN BLOCK	LETTERS.					
1. PERSONAL					L	
Name of Applicant (As per Matric Certificate)			Father's Name (As per Matri	Certificate)		
Nationality		-2-3-2-		82 B 8 8		
Date of Birth	8-7					
CNIC #.		Mari	tal Job Statu (Govt. / Pvt.	sRelig	ionGe	ender
				Tel No.		
(Present)				Mobile:		
Home Address (as mentioned						
in NIC)				E-mail:		
1 EDUCATION AND AC	ADEMIC DEGRE	<u>ES</u>				
Academic Degree	Major Subject	School/L	Iniversity/Board	Country	Duration	Result (% / GPA)
Matric						
Intermediate						
Diploma in Nursing						F
Post Basic Diploma Other Degree						
2. PRACTICAL / PROFE	SSIONAL WORK	EXPERI	<u>ENCES</u>			
Institution	Position He	ld	Duration	Fro	om	То

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				

Any Other Advance	Skill	45		*	
4. REASONS FOR	R SELECTING THIS	S INSTITUTE			
5. YOUR RECOG	NITION / REGISTE	RATION OF F	PROFESSION	AL EDUCATIO	DN
Name of Registration	Authority: (Like PNC/ P	MDC)	NG a	P(T)/	
Registration No	11/19/~	Valid up t	0	11.08	
6. SOCIAL ENGA	GEMENTS / EXTR	A CURRICUI	AR INTERES	<u>T</u>	
	N/ 1 2 K		76 / 1		
APPLICANT'S DEC	LARATION				
I certify that the inform	nation in this application	n is accurate to t	he best of my kno	owledge.Furtherm	ore I agree to inform
	, HSNHS immediately			3	
	ne information provided				
	ccept responsibility for ents shall remain with t				
8=	Signature		Date	.	
	Olgriature		Date		

IMPORTANT INSTRUCTIONS FOR CANDIDATES

- 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.
- 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
3. Designation	
HSNHS ON	
NURSING	
X * * X / / /	/
10. Office Phone	
12 Res. Phone	
15. Religion	
17. NADRA NIC No	

Father's / Guardian Signature :

HEALTH CERTIFICATE

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

SECTION A

e:	Days		Months	Ye	ears
ight:		We	eight:		
esent Addres	SS:				
			HSMHS JA		
			SECTION B		
1. Do vou	smoke?		NURSING	Yes	No
2. Do you	take any medicin	e regularly	?	Yes	No
If yes,	Specifystory of allergy	9/_		Yes	No
4. Do you	suffer from any o	f the follow	ring diseases?	Yes	No
100	lepsy			Yes	No
ii. ii. H	ligh Blood Pressur	····		Yes	No
	Psychiatric illness.			Yes	No
	Rheumatic Heart D			Yes	No
	lepatitis B/C			Yes	No
	Physical Disability			Yes	No
	ecify				
	,		SECTION C		
Details of	previous Vaccin	ation	Det	tail of Booste	r Vaccinatio
	S	Yes	No		
	3	Yes	No _		
	a	Yes	No _		
	s	Yes	No _		
	sis	Yes	No _		
	ing Cough	Yes	No _		
Hepatit	tis B	Yes	No _		*
Certificati	ion: I hereby cer	tify that th	ne above information	on aiven by r	ne is corre
Jordinode	io I floroby our	any andra	io abovo imormati	on given by i	110 10 001100
					a. ,
Sign	ature Father / Mo	tner			Signature

DOCUMENTS REQUIRED/CHECK LIST

	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
1	10. Candidate CNIC	Yes	No
	11. Father's CNIC	Yes	No
	12. Passport size picture (12)	Yes	No

HSNHS VAURIME & TO	ADMIT CARD FOR ENTRY TES	г	Candidate's Cop
W. H. HOLLING ST.	Program Applied for		
	SESSION	Roll I	No.
Name:	7/8/ \	21 8011	
S/o, D/o, W/o:	18/0 A O	6 N	
Postal Address:			Paste Photograph Size (1 x 1)
Tel No:	Mobile No:	<i>\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	D-1-		For Official Use
	Date	Nam	e
	ReportingTime	Sign	ature
Signature of Candidate	Kepotangi inie	Seal	

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: __ Paste Photograph Size (1 x 1) Postal Address: __ Tel No: _____ Mobile No: For Official Use Date___ Name _____ Signature____ ReportingTime____ Seal Signature of Candidate

North Nazimabad, Karach	i-74600, Pakistan
Student Fee	Voucher
Credit: Horizon School of Nursi Collection Account No. : 00 Website : www.horizon	06347900504403
Tel: 021-36649444, 0332-899	9444, 0321-9224721
Da	te :
Name :	
Father's Name :	
Program :	-
Student ID :	
Enrollment#:	
Student NIC # :	
PARTICULARS	AMOUNT
Admission Fee	
Tuition Fac	
Complete Donastic	
Library Fee	
The Control of the Co	
Development Fund	

Total

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

Taimuria Market Branch Block 'B'

S.No.

Enrollment Fee
Uniform Fee
Examination Fee
Prospectus Fee
late fee

Record Copy

S.No.

1713	
	-
Taimuria Market Brand	ch Block 'B'
North Nazimabad, Karachi-	74600, Pakistan
Student Fee \	/oucher
Credit: Horizon School of Nursing Collection Account No.: 000 Website: www.horizons	g & Health Science 6347900504403
Tel: 021-36649444, 0332-8999	444, 0321- 922472
Date	9:
Name :	
Father's Name :	
Program :	
Student ID :	
Enrollment # :	
Student NIC # -	
Student NIC # :	
Student NIC # :	AMOUNT
PARTICULARS	
PARTICULARS Admission Fee	
PARTICULARS Admission Fee Tuition Fee	
PARTICULARS Admission Fee Tuition Fee Security Deposit	
PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee	
PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee Extra Curriculum	
PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee Extra Curriculum Development Fund	
Admission Fee Tuition Fee Security Deposit Library Fee Extra Curriculum Development Fund Enrollment Fee	
PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee Extra Curriculum Development Fund Errollment Fee Uniform Fee	
PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee Extra Curriculum Development Fund Enrollment Fee Uniform Fee Examination Fee	AMOUNT

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

Taimuria Market Brand	
North Nazimabad, Karachi-	
Student Fee \	oucher/
Credit: Horizon School of Nursin Collection Account No. : 000 Website : www.horizons	6347900504403
Tel: 021-36649444, 0332-8999	444, 0321- 9224
Date	o :
Name :	
Father's Name :	
Program :	
101 TAY - 14 TAY	
Student ID :	
Student ID :	
Enrollment # :	
Enrollment # : Student NIC # : PARTICULARS Admission Fee Tuition Fee	
Enrollment # : Student NIC # : PARTICULARS Admission Fee Tuition Fee Security Deposit	
Enrollment # ; Student NIC # ; PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee	
Enrollment # ; Student NIC # : PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee Extra Curriculum	
Enrollment # : PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee Extra Curriculum Development Fund	
Enrollment # : PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee Extra Curriculum Development Fund Enrollment Fee	
PARTICULARS Admission Fee Tuition Fee Security Deposit Library Fee Extra Curriculum Development Fund Enrollment Fee Uniform Fee	

Student Copy

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

Total

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

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

Date	c:
Name :	
Father's Name :	
Program :	
Student ID :	
Enrollment # :	
.iii Oilitietit # _	
Student NIC # :	
PARTICULARS	AMOUNT
Admission Fee	
Tuition Fee	
A CONTRACTOR OF THE PROPERTY O	
Library Fee	
Extra Curriculum	
Development Fund	
Enrollment Fee	
Examination Fee	
Prospectus Fee	200 000 000
	2500/-

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

Total

Depositor Sign

Bank Officer	Depositor Sign	Bank Officer	Depositor Sign	Bank Officer	Depositor Sign	Bank Officer

Account Copy

S.No.

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

1. ويب سائك سے فارم ڈاؤن لوڈ كريں۔

2. این تفصیلات کے ساتھ فارم پُر کریں۔

8. HBL بینک کی کسی بھی برانچ میں چالان کوادا کریں۔

4. فارم اور چالان کواسکین کرکے admissions20.horizon@gmail.comپر بھیجیں۔