

Application Form

PASTE ONE
PHOTO HERE

Program _____ Session _____

Mr / Mrs/ Miss

S/O, D/o, W/o

Date of Birth (DD-MM-YYYY)

Applicant CNIC/Form B**Father/Guardian CNIC**

Blood Group (if known)

HBS ☐ ☐

HCV ☐ ☐

HIV ☐ ☒ ☐

District:

Province

Country

Urdu			English			any other <input type="text"/>		
Speaking <input type="checkbox"/>	Reading <input type="checkbox"/>	Writing <input type="checkbox"/>	Speaking <input type="checkbox"/>	Reading <input type="checkbox"/>	Writing <input type="checkbox"/>	Speaking <input type="checkbox"/>	Reading <input type="checkbox"/>	Writing <input type="checkbox"/>

Certificate/ Degree Name	Passing Year	Obtained Marks	Total Marks	Percentage	Board/University
SSC/O Level					
F.Sc(Pre Medical) / A Level					
Diploma					
Bachelor's					
Master's					
Any other					

Applicant Cell#:

E-mail Address:

Postal Address:

Name of Guardian	Relationship with Applicant	Phone Number	Address

Financial Support

Please explain how you will pay your Institute fee. If you are a sponsored candidate or your parents/ Friends / relatives will fund your studies, please submit documentary evidence of that along with the application form.

Declarations

Do you have any criminal convictions or cautions to declare? (If yes please attach details)	
Are you suffering from any significant physical or mental health condition? (If yes please attach details)	

ENGLISH PROFICIENCY

Please indicate your English Level Competency? Any linguistic courses you have undertaken?

Personal Statement

Please use this space to tell us why you want to become a nurse or midwife or Allied Science Professional and what can you contribute to this profession?

Referees

Please provide us with details of two referees (one academic and one personal). We will be contacting these people for a reference for you later in the selection process.

Note: these should NOT be family members or friends for your own age.

First Referee (Academic)	Second Referee (Personal)
Name:	Name:
Designation/Occupation:	Designation/Occupation:
Phone Number:	Phone Number:
Email:	Email:
Address:	Address:

Declaration

I have carefully read the details regarding the admission to the Study Program. I declare that the information provided by me in this application form is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and will forgo the allotted seat. In all matters regarding my admission to the course, the decision of the Institute is final and binding. I am also aware that the SINAHS will not refund the fees either in full or in part, under any circumstances. If I intend to discontinue the course at any time after joining, I hereby undertake to pay the SINAHS fees and dues as applicable for the remaining years of the course.

Applicant Name: _____

Thumb Impression (Applicant)

Date: _____ Signature _____

**You should make sure that you have filled in all the required information.
Please ensure that you have submitted the following documents along with the form:**

A. Attested photocopies of

1. Eight (8) passport Size Photograph
2. Applicant CNIC/Form B Copy
3. Father/Guardian CNIC Copy
4. SSC/O Level DMC and Board Certificate
5. F.Sc(Pre Medical) DMC and Board Certificate
6. Character Certificate
7. SINAHS Rules and Regulation Affidavit (in case of get admission)
8. Migration Certificate from (board/Universtiy) in case of get admission
9. Post RN Program Requirements: NOC, PNC Valid License, 2 Years Experince
10. Bachelor's and/or Master's Degree (for Master's and Phd Candidates)

B. Prospectus fee of Rs. 2500/- either in case (if submitted in person) or cheque/bankers draft in favour of "SINA Institute of Nursing and Allied Sciences"

The application form with all enclosures should be forwarded to:

SINA Institute of Nursing and Allied Sciences

Undertaking / Agreement

(To be filled by the Candidate on Judicial Bond and duly attested by the Deputy Commissioner / Magistrate First Class

I Mr. /Miss/Mrsson/daughter/wife of.....
resident of do hereby solemnly
undertake to abide by the following:-

1) That I have read the Prospectus/term & conditions of admissions, rules regulations and policies of SINA Institute of Nursing and Allied Sciences and hereby agree to confirm to all provisions of the status of the Institute statutes and rules as may hereafter be framed by the appropriate authorities.

ii) That the information furnished in, and document attached with the application form are correct, and I fully understand that at any time during course of study, if it is found that any information is in-correct or any documents produced at the time of admission are false, which would have rendered me ineligible for admission under the rules, my name shall immediately be struck off from the Institute roll.

iii) That I shall, in case my name is struck off under clause (ii) above not be entitled to claim refund of any fee paid by me. In addition I shall pay to the Institutes liquidated damages at the rate of Rs. 1, 00,000 (one Lac) per year of my studies in Institutes.

iv) That I shall have minimum attendance of 85 percent, diligently apply myself to acquire and develop the skill necessary for the practice and advancement of my study in order to qualify for examination and will not be promoted to the next higher class unless I have cleared all the subjects.

v) That I shall maintain identity as a student of Institute by wearing Institute uniform. vi) That hostel accommodation will be provided subject to availability. In case of non-availability of hostel accommodation, I will arrange my own accommodation.

vii) That I will not indulge in politics of any type and will not be a member of any political party/ organization/students Federation and holding a gathering, meeting or taking out procession in any part of Institute. I understand that my failure to observe this clause of undertaking would result in cancellation of my admission/expulsion from the Institute, and that the decision of the Principal in this regard will not be challenged in any Court of Law except the Supreme Court of Pakistan.

viii) That I shall never use violence, threat of violence and pressure in any dispute with others. All means and methods shall only be logic, persuasion, petition, appeal, revision, review and other legal and peaceful method for settlement of differences and disputes.

ix) That in any disputes with students, teachers and employees of the Institute I shall accept the judgment of the committee constituted by the principal for decision of settlement of the wrong doers. **UNDERTAKING/AGREEMENT**

x) Further, I do hereby solemnly undertake to refrain from:-a) Doing anything which may cause injury or insult to any staff or students of institution.

b) Holding a gathering meeting or taking out procession in any part of Institute other than areas specified for the purpose.

c) All kinds of unfair means in examination.

d) Allowing or abetting the entry to the premises of the Institute of expelled students, anti-social elements or other whose presence in the Institute could cause conflict amongst the students.

e) Bringing into the Institute consuming or encouraging consumption of alcoholic products, drugs and indulging in acts of moral turpitude.

f) Bringing or keeping any type of weapons within the Institute premises.

g) Using or occupying any room or part of any building of the Institution without lawful authority.

h) Subletting my hostel room to unauthorized persons. i) Damaging any Institute property including building, equipment vehicles etc. in any manner.

j) Indulging in any violent or any other unsuitable activities even outside the Institute which may bring bad name to the Institute.

k) From all such acts and deeds as might bring disgrace and bad name to the Institute.

l) From bringing unauthorized people into Institute/hospital.

xi) In case I am reported to be guilty/involved in any of the aforesaid activities during my stay in the Institute, the Institute authorities can rusticate me from the Institute temporarily or expel me permanently I will not try to create law and orders situation or instigate the students of the Institute or of any other institution against the action taken by the Institute and neither I will go to any Court of Law. In case of my expulsion from Institute I shall pay to the Principal as liquidated damages at the rate of Rs. 1,00,000 (one Lac) per year of my study in the Institute.

xii) If it is reported that I have not honoured the decision of the Institute authorities as described above, I shall be liable to pay Rs. 2,00,000/- (Two Lac) per year of my study in the Institute as damages to SINAHS Institute of Nursing and Allied Sciences.



xiii) In case there is any dispute between me on one hand and the administration of the Institute on the other hand regarding my involvement in a disciplinary or political matter or regarding the imposition of any penalty or damages on me, the matter shall be referred to the Principal, as the sole arbitrator and his decision in such capacity shall be final and shall not be called in question in any court of law.

Xiv) That If at any stage of the Study Program ,I decided to leave SINAHS Institute of Nursing and Allied Sciences., I am liable to pay the remainder fee in full for the remaining Program. I will also have to pay the full fee for a semester that I fail to clear and need to re-sit.

xv) That I will abide by the decision of the Institute Authorities in case I am found guilty of undisciplined, defamation, disrespect of the staff and other anti-institutional activities.

xv) That if I may found in any kind of violence, sexual harassment, flirting, bullying staff of hospital, Institute and any other activities in Institute or outside of the Institute which may bring bad name to the Institute, the Institute competent authority have rights to suspend me or expel me from the Institute on any stage of the Study program and I will not do any appeal in any court, and law regards. xvi) That I may found in cheating during the Institute internal examination and external Institute examination and found any kind of clashed with exam invigilators, controller of examination may lead to cancel my admission and Institute have the right to expel me from the Institute any stage of Study program.



امیدواران اپنے درخواستیں TTS آفس نزد ایم خان لیبارٹری تاسکھ اسٹریٹ جناح روڈ کوئٹہ 10/11/2020 تک جمع کروا سکتے ہیں۔ مزید معلومات کیلئے 081-2827715/081-2827315 رابطہ کریں۔

<input type="checkbox"/>	 BankIslami	<input type="checkbox"/>	 HBL HABIB BANK حبیب بینک	BANK COPY
ACCOUNT TILE: THOROUGH TESTING SERVICE		ACCOUNT TILE: THOROUGH TESTING SERVICE		
ACCOUNT NO. 308500099970001		ACCOUNT NO. 24937000318603		
Applicant Name				
Father/Husband Name				
CNIC/B-Form No.				
Applying For				
Application Processing Fee		1000 Rupees One Thousand Only		

APPLICANT SIGNATURE

DATE



CASHIER

<input type="checkbox"/>	 BankIslami	<input type="checkbox"/>	 HBL HABIB BANK حبیب بینک	TTS COPY
ACCOUNT TILE: THOROUGH TESTING SERVICE		ACCOUNT TILE: THOROUGH TESTING SERVICE		
ACCOUNT NO. 308500099970001		ACCOUNT NO. 24937000318603		
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APPLICANT SIGNATURE

DATE

CASHIER

<input type="checkbox"/>	 BankIslami	<input type="checkbox"/>	 HBL HABIB BANK حبیب بینک	CANDIDATE COPY
ACCOUNT TILE: THOROUGH TESTING SERVICE		ACCOUNT TILE: THOROUGH TESTING SERVICE		
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