

THOROUGH TESTING SERVICES (TTS)

ROYAL Bolan College of Nursing and Allied Health Sciences Quetta

Application Form

PASTE ONE PHOTO HERE

Please Write the Program applied for

Program _____ Session _____

Personal Details (Block Letters)

Applicant Name _____

Mr / Mrs/ Miss _____

S/O, D/o, W/o _____

Date of Birth (DD-MM-YYYY)

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Applicant CNIC/Form B

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Father/Guardian CNIC

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Blood Group (if known) _____

HBS ⁺ ⁻

HCV ⁺ ⁻

HIV ⁺ ⁻

District: _____

Province _____

Country _____

Language Proficiency

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

Academic Qualification

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					

Contact Details

Applicant Cell#: _____

E-mail Address: _____

Postal Address: _____

Next of Kin Details / Emergency Contact Details

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 ROYAL 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 ROYAL fees and dues as applicable for the remaining years of the course.

Applicant Name: _____

Date: _____ Signature _____

Thumb Impression (Applicant)