



PAKISTAN NURSING COUNCIL,

National Institute of Health, Park Road, Chakshehzad,
Islamabad, Pakistan

Phone No. 051-9255804 ext-105, Fax No. 051-9255813

Website: www.pnc.org.pk Email: preregistration@pnc.org.pk

P R E R E G I S T R A T I O N E N R O L L M E N T F O R M FOR SCHOOL / COLLEGE OF NURSING

*Past here recent
passport size
photograph*

SESSION _____ to _____

INSTITUTION _____

SECTION-I

Student's Full Name: _____

Daughter of / Wife of / Son of _____

Nationality: _____ **Religion** _____

Province of Domicile: _____

Permanent Address: _____

Date of Birth. _____ **Contact #** _____

CNIC #

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Passport No. _____
(for foreigners only)

SECTION-II

Qualification	Passing Year	Marks Obtained/Total Marks	% age of Marks	Marks Obtained in Biology /Total Marks	Board
Matriculation					
F.Sc.					

SECTION-III

Course in which enrollment is desired

S.No.	Diploma / Degree	Period		Educational Institute (E-mail / contact number)
		From	To	

SECTION-IV

In which type of Institution are you enrolled (tick the box where applicable)

- School of Midwifery School of Public Health School of Nursing
 College of Nursing (BSN, MSN, Post RN BSN, PhD)
 Other (specify) _____

SECTION-V

Ever register with PNC:

Yes No

If yes, specify your PNC Registration #: _____ Date: _____

*Valid up to***SECTION-VI**

Present employment is with: (tick the box where applicable)

Government Private Semi Government Armed Forces NGO **SECTION-VII**

What is your present position / designation at workplace?

*(specify your designation)*_____
*(Address of workplace)***SECTION-VIII**

I hereby certify that the information contained in this application is true and correct?

Certify by
Principal – College/School of Nursing_____
Date
Applicant Signature*(Please sign inside the box without touching lines)*