



# United College of Nursing & Midwifery

## APPLICATION FORM

### GENERIC BSN

Two week old passport size photograph bearing the name of the applicant at the back. Please staple

PLEASE PRINT OR TYPE IN BLACK INK CLEARLY

Please note that incomplete and incorrect information will disqualify the candidate from the admission process.

#### STUDENT INFORMATION

|                      |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
|----------------------|------------|---|---|---|-----------|---|---|---|-----------------------|---|-----------------|--|-----------|--|-------------|--|---------|------|--|--|-----------|--------|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|--|
| Name:                |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Father's Name:       |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Date of Birth:       | D          | D | / | M | M         | / | Y | Y | Y                     | Y | Place of Birth: |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| CNIC / B-Form:       |            |   |   |   |           |   |   |   |                       |   | -               |  |           |  |             |  |         |      |  |  |           | -      |  |  |  |  |  |  |  |  |  |  | Domicile: |  |  |  |  |  |  |  |  |  |  |
| Nationality:         |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  | Religion: |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Present Address:     |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
|                      |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
|                      |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Permanent Address:   |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
|                      |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
|                      |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Cell # (Mandatory):  |            |   |   |   |           |   |   |   |                       |   | Whatsapp #      |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Email (Mandatory):   |            |   |   |   |           |   |   |   |                       |   |                 |  |           |  |             |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Marital Status:      | Single     |   |   |   | Married   |   |   |   | Divorced              |   |                 |  | Widow(er) |  |             |  | Gender: | Male |  |  |           | Female |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |
| Applicant's Sibling: | Brother(s) |   |   |   | Sister(s) |   |   |   | Applicant's Children: |   | Son(s)          |  |           |  | Daughter(s) |  |         |      |  |  |           |        |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |

#### PARENT'S / GUARDIAN'S INFORMATION (IMPORTANT)

|                                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|---------------|---|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|
| Name:                          |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| CNIC No.:                      |  |  |  |  |  |  |  |  |  |  | -          |  |  |  |  |  |  |  |  |  |               | - |  |  |  |  |  |  |  |  |  |  | Relationship: |  |  |  |  |  |  |  |  |  |  |
| Occupation:                    |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  | Designation:  |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Department:                    |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  | Organization: |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Office Address:                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Residential Address:           |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Cell # (Mandatory):            |  |  |  |  |  |  |  |  |  |  | Landline # |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Email (Mandatory):             |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Monthly Income / Salary: (PKR) |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

## ACADEMIC QUALIFICATION

### Pakistani System of Education / British System of Education

Please Tick ☐ Secondary School Certificate (SSC) ☐ Ordinary Level (O-Level)

| Year                  | Board   | Institute |           |          |         | City & Country |         |          |  |
|-----------------------|---------|-----------|-----------|----------|---------|----------------|---------|----------|--|
|                       |         |           |           |          |         |                |         |          |  |
| Percentage (SSC/IBCC) | Biology |           | Chemistry |          | Physics |                | English |          |  |
|                       | SSC     | O-Levels  | SSC       | O-Levels | SSC     | O-Levels       | SSC     | O-Levels |  |
|                       | Marks   | Grade     | Marks     | Grade    | Marks   | Grade          | Marks   | Grade    |  |
|                       |         |           |           |          |         |                |         |          |  |

Please Tick ☐ Higher Secondary School Certificate (HSSC) ☐ Advance Level (A-Level)

| Year                   | Board   | Institute |           |          |         | City & Country |         |          |  |
|------------------------|---------|-----------|-----------|----------|---------|----------------|---------|----------|--|
|                        |         |           |           |          |         |                |         |          |  |
| Percentage (HSSC/IBCC) | Biology |           | Chemistry |          | Physics |                | English |          |  |
|                        | HSSC    | A-Levels  | HSSC      | A-Levels | HSSC    | A-Levels       | HSSC    | A-Levels |  |
|                        | %       | Grade     | %         | Grade    | %       | Grade          | %       | Grade    |  |
|                        |         |           |           |          |         |                |         |          |  |

### Graduation

(This Academic Field is Optional to Fill)

| Year        | Program        | Institute        |  |               | City & Country |
|-------------|----------------|------------------|--|---------------|----------------|
|             |                |                  |  |               |                |
| Total Marks | Obtained Marks | Grade / Division |  | Result Status |                |
|             |                |                  |  |               |                |

**Note:** Minimum 50% Marks Required In Higher Secondary School Certificate (HSSC).

Copy of Equivalence Certificate issued by IBCC with minimum 50% aggregate score for O, A-Level & Overseas degree. Biology & Chemistry are essential subjects. Third subject is either Physics, Maths or any other. An Equivalence Certificate / Eligibility Certificate (as applicable) will be required to confirm your admission, if selected. (Visit [www.ibcc.edu.pk](http://www.ibcc.edu.pk))

### If Entrance Test Taken At Any Other Institution

Name of Institution:

Program Applied For:  City:

a) If completed (write scores and attach score sheet if available)

Date of the Test  Score  Percentage  %

b) Awaiting Results. Date of the Test

### Declaration:

I agree, if admitted to the United College of Nursing & Midwifery, to comply with college regulations. I certify that the information on this application is true and complete in all respects and that I have not withheld any information and I understand that misrepresentation, falsification of documents, or withholding of requested information are serious offences which can result in denial of admission or removal from institution and I am responsible for all of the information provided.

The statements I have made above are true. I agree to conform to the discipline of the selection process and to accept the decisions of United College of Nursing & Midwifery as final. I further undertake to sign and execute any legal documents if required, for the purpose of admission.

I undertake to abide by the rules & regulations of United College of Nursing & Midwifery.

I understand that admission will only be considered final once all fees have been paid.

Date of Application

Signature of Parent / Guardian

Signature of Applicant

Name :

Name :

Describe briefly in your own Handwriting your personality, your ambition and the motivation to become a Nurse.

### Where did you hear about UCNM?

- a ☐ Facebook      b ☐ Internet (if yes from which source) \_\_\_\_\_
- c ☐ Friend      d ☐ Newspaper (if yes name of Newspaper) \_\_\_\_\_
- e ☐ Other (if yes from which source) \_\_\_\_\_

### Check List (Please attach documents in serial order as listed)

- 1) ☐ Application form signed.
- 2) ☐ HSSC Certificate      **OR**      ☐ A-Levels Equivalence Certificate      1 Attested Copy
- 3) ☐ HSSC Marks Sheet      **OR**      ☐ A-Levels General Certificate      1 Attested Copy
- 4) ☐ SSC Certificate      **OR**      ☐ O-Levels Equivalence Certificate      1 Attested Copy
- 5) ☐ SSC Marks Sheet      **OR**      ☐ O-Levels General Certificate      1 Attested Copy
- 6) ☐ If entrance test taken at any other Institution Or NTS. (Attach Result Copy)      1 Attested Copy
- 7) ☐ C.N.I.C / B-Form      1 Attested Copy
- 8) ☐ Domicile & PRC C-Form      1 Attested Copy
- 9) ☐ Three recent colour passport size photos (with White Background Only).  
Attach one on the front of the form.
- 10) ☐ Migration Certificate OR NOC from College      1 Attested Copy  
(Except Karachi Board and British System of Education)
- 11) ☐ Processing fee Rs. 3,000/-
- 12) ☐ Payment Mode
  - a) Cash (By Hand Submission of Application Form)
  - b) Payorder/Draft in favour of **United College of Nursing & Midwifery**. (If Submitting by Courier)  
(Please write your name and CNIC number on the back of the Payorder / Draft.)

All documents should be Attested. Attestation to be done by Notary Public or graduating school Principal.  
Original documents will be inspected and verified from issuing authorities upon UCNM discretion.

Kindly submit above documents by hand / courier at the United College of Nursing & Midwifery, Korangi Creek Road, Behind CBM, Karachi. between 9am to 3pm, Monday to Friday (Excluding Public Holiday).

## SUBMISSION

Submission of Form By Hand or Courier at Campus:  
Student Affairs Department UCNM,  
**United College of Nursing & Midwifery**  
Korangi Creek Road, Behind CBM, Karachi, Pakistan.  
Email: [admission@ucnm.edu.pk](mailto:admission@ucnm.edu.pk)  
Contact No.: 0346-828-0070 / 0346-828-0071

## ADMIT CARD

Please Provide Accurate Email And Cell Phone No.  
(To collect In Person, visit campus on above address.)

## TEST

Test Will Be Held At Campus  
United College of Nursing & Midwifery  
Korangi Creek Road, Behind CBM, Karachi, Pakistan.

## ADMISSION

Selection List will be displayed after the Entry Test and Interviews.

## ADMISSION ELIGIBILITY CRITERIA

- 1) Minimum 50% Marks are required in Inter-Science / HSSC / A-Levels in Pre-Medical Group.
- 2) A-level applicants need to have taken Biology and Chemistry as compulsory subjects and the third subject can be Either Physics or Mathematics. Aggregate marks should be at least 50% as per IBCC Equivalency Certificate. In order to obtain the IBCC Equivalency Certificate, please visit [www.ibcc.edu.pk](http://www.ibcc.edu.pk)
- 3) Entry Test is Mandatory for all Applicants.
- 4) Applicants holding Sindh Domicile will be given Priority for Admission.
- 5) Applicants upto the age of 34 are eligible to apply.

## DURATION OF THE PROGRAM

Generic BSN (04 Years Degree Program)