



INSTITUTE OF NURSING WAH MEDICAL COLLEGE

APPLICATION FORM 2026-27

Serial No: _____

Course applied for:- 4 Years Generic BS Nursing ☐ 2 Years Post RN BS Nursing ☐ Midwifery ☐

Status / Category

Ward of POF Serving Personnel ☐

Open Merit Seat ☐

Note: If status / category is not marked, then form will be considered against open merit seat.

Active Whats App Number for Roll # Slip: _____

Please write in block letters using blue or black ink. Complete all sections. Incomplete/illegible forms will not be considered.

1. Name:

.....

2. Date of Birth:

		-			-				
d	d		m	m		y	y	y	y

3. Nationality:

Passport
Size Photograph
(Attested at back)

4. CNIC Number:

						-									-	
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5. Phone Number: Home: Mobile:

6. E-mail: Active Whatsapp No:

7. Residential Address:

8. Father's Name/Guardian's Name:(with CNIC No.)

						-									-	
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9. Father's Occupation:

10. Father's/Guardian's E-mail Address:

11. Any previous admission in a professional college:

12. Emergency Contact Person:

Name & Relation:

Telephone Number Office: Res: Mobile:

13.	ACADEMIC RECORD					
Examination	Year of Passing	Name of the Board / Institution	Total Marks	Marks Obtained	Grade	Percentage of Marks Obtained
Matric / O-Levels						
F.Sc /A-Levels						
Diploma in General Nursing	Year I					
	Year II					
	Year III					
Midwifery						
Speciality (Please Specify) _____						
Any other Qualification						

14. Do you require hostel accommodation (Subject to availability):

15. **DECLARATION**

I, Mr./Ms/Mrs. _____ Son/ Daughter /Wife of _____, declare that the above information provided by me is correct. I have read and understood the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of the Institute. I have adequate financial resources to support my studies at the Institute. I fully understand that all fees, once paid are not refundable under any circumstances, I will not object any additional charges levied in the future by the Government, University or Institute.

Applicant's Signature

Signature of Parent/Guardian

Date

CHECKLIST

- Application form.
- Attested five Passport size photographs.
- IoN Prospectus and Admission Processing Fee Rs. 2000/-.
- Attested photocopy of Matriculation or equivalent qualification with IBCC equivalence Certificate.
- Attested photocopy of FSc. or equivalent qualification with IBCC equivalence certificate.
- Attested copy of 3 years diploma in Nursing/ DMCs of each year (For Post RN BS Nursing)
- Attested copy of one year diploma in Midwifery/Speciality (For Post RN BS Nursing)
- Attested copy of experience certificate of at least one years in any nationally recognized hospital. (For Post RN BS Nursing)
- Attested copy of valid PNC Card (only for Post RN BSN Students)
- Attested copy of CNIC of self & father / Guardian.(Provide B Form if candidates' NIC has not yet made.)
- Attested copy of Domicile.
- No objection certificate (NOC) for government employees only.(For Post RN BS Nursing)

FOR OFFICE USE ONLY

Application received by	
Application receiving date	
Entry test admit card number	
Admission process fee received by	



INSTITUTE OF NURSING, WAH MEDICAL COLLEGE

Official Copy

ROLL NO SLIP FOR ENTRANCE TEST 2026-27

Serial No.: _____

Name : _____

S/O, D/O, W/O : _____

Roll No / Form No : _____

Examination : Generic BSN ☐ Post RN BSN ☐

Examination Center : Wah Medical College Wah Cantt

Entrance Test Date : _____

Passport
Size Photograph
(Attested at back)

Issuance Authority

Institute of Nursing, Wah Medical College, The Mall, Wah Cantt.
Website: www.ionwmc.edu.pk e-mail: info@ionwmc.edu.pk
Phone: 051- 9314387 Fax: 051- 9314373



INSTITUTE OF NURSING, WAH MEDICAL COLLEGE

Student Copy

ROLL NO SLIP FOR ENTRANCE TEST 2026-27

Serial No.: _____

Name : _____

S/O, D/O, W/O : _____

Roll No / Form No : _____

Examination : Generic BSN ☐ Post RN BSN ☐

Examination Center : Wah Medical College Wah Cantt

Entrance Test Date : _____

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