

College of Ophthalmology & Allied Vision Sciences, Lahore

King Edward Medical University/ Mayo Hospital Lahore Phone: (042) 99214821-22, Fax : (042) 99214823

ADMISSION FORM FOR OPHTHALMIC NURSING (Session 2019-20 March)

Paste one passport
size photograph
without
attestation

Name of applicant: (in block letters)	_____					
Father's Name: (in block letters)	_____					
Date of Birth:	Date	Month	Year			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CNIC/B-Form Number (NADRA):	<input type="text"/>					
P.N.C. Registration #.	_____					
Domicile District:	Province : _____					
Permanent Home Address:	_____ _____					
Postal Address:	_____ _____ _____					
Mobile No:	<input type="text"/>					
Qualification:		Examination Board	Session	Total Marks	Marks Obtained	Marks Percentage
	Matric					
	General Nursing					
	Midwifery					
	Any Other Training					
Experience	Post Held	Institution		Date of appointment / Posting		
				From	To	
Signature of Applicant: _____						
Date: _____						

Attested copies of documents attached: (Please tick the relevant Box)					
i) Matric Certificate		ii) General Nursing Marks Sheet		iii) Midwifery Marks Sheet	
iv) PNC Card		v) CNIC/ B-Form		vi) Domicile Certificate	
vii) Experience Certificate		vii) NOC			

Note: Experience certificate of recognized hospitals will be accepted.

I solemnly declare that the information given is true to the best of my knowledge & that I understand that if any of the information provided by me is found wrong at any stage of studies after admission to COAVS, my admission shall stand cancelled & I shall be liable to deposit all the expenditures incurred upon my studies by COAVS, along with any disciplinary action as imposed by the Principal of the College.

 (Signature of Applicant)
 Date: _____

 (Signature of Father/ Guardian)