



**GAMBAT COLLEGE OF NURSING**  
**PIR ABDUL QADIR JILANI INSTITUTE OF MEDICAL SCIENCES**

**APPLICATION FORM**

For Admission to

**BSN GENERIC , POST RN-BSN**  
**POST BASIC ICU SPECIALIZATION**

Academic Session of

**2025-26**

Paste here your recent photograph and submit Four attested extra copies with the application Form. Ensure your full Name is written on the backside of each photograph.

DISTRICT OF DOMICILE

COURSE APPLIED FOR

**PERSONAL INFORMATION**

NAME OF APPLICANT:

FATHER'S NAME:

SURNAME:  Date of Birth:

Nationality:  Religion:

District of Domicile (Candidate):

District of PRC (Candidate):

District of Domicile (Father / Mother):

CNIC or 'B' form No. of candidate (if CNIC is not available)

Date of issuance of CNIC

Father / Guardian CNIC No:

Present Address:

Address Mentioned on Domicile/PRC (Mandatory):

Candidate's Email:  Father's Email:

Phone No: (Home)  Candidate's Cell:  Father's Cell:

Examination	Board University	Major Subjects	Year of Passing	Marks Obtained	Total %age	Roll No.
SSC (Equivalent)						
F.Sc (Pre-Medical)						
Diploma in General Nursing						
Post Basic Specialization						
Any Other						

**Particulars of MDCAT**

MDCAT Seat No.	Test Centre	Score	Year of Passing

Date of Submission

Signature of Father / Guardian

Signature of Applicant

NOTE: RESPONSIBILITY OF ANY DISCREPANCY IN DATA WILL LAY ON THE SHOULDERS OF THE APPLICANT.

### PARTICULARS OF FATHER / GUARDIAN

Name:	Occupation:
Department	Designation:
Phone No.:	Cell No.:

### CONTACT IN EMERGENCY

Name of Person:		
Relationship:	Phone No: (Home)	Mobile No:
Address:		

#### **Attested Photocopies of Documents Required**

- Matric Marks Certificate & Pacca Certificate.
  - Intermediate Marks Certificate.
  - Domicile of the Candidate.
  - Diploma in General Nursing.
  - One year experience in Midwifery Certificate.
  - Diploma in General Nursing.
  - One year clinical experience.
  - PRC Form "C" of the Candidate.
  - Domicile Father.
  - CNIC / B Form of the Candidate
  - CNIC Father.
  - Rs. 2500/- Challan non refundable (Original Copy)
- } (For Post RN-BSN)
- } (For Post Basic ICU)

\_\_\_\_\_  
Signature of Father / Mother / Guardian

\_\_\_\_\_  
Signature of Applicant

**Website: [www.gims.edu.pk](http://www.gims.edu.pk)**

**The form can only be accepted through any recognized courier services.  
By hand submission will not be entertained.**

**Please Submit Original Filled Application Form  
along with required documents at:**

**Directorate of Admissions  
Gambat Medical College @ Pir Abdul Qadir Shah Jeelani  
Institute of Medical Sciences, Gambat**



# GAMBAT



## COLLEGE OF NURSING

Pir Abdul Qadir Shah Jillani Institute  
Of Medical Sciences, Gambat

### Challan Form For Application Processing Fee



MCB BANK LTD  
A/C# 0774672881000283  
GIMS Branch (1725)  
FTN # 9030206-7

☐ BSN Generic  
☐ Post RN-BSN  
☐ Post Basic ICU  
☐ Specialization

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

District: \_\_\_\_\_

S.No.	Details of Fee	Amount
1	Application Processing Fee	2500/- (Non refundable)
TOTAL		2500/-

**Inwords: Two Thousand Five Hundred Rupees Only**

Receiving Branch Stamp & Signature

Applicant's Signature



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