



SCHOOL OF MIDWIFERY LADY WILLINGDON HOSPITAL, LAHORE

APPLICATION FORM

PHOTO

SESSION:-APRIL, 2018-19

No._____/NM

Dated._____

(For office use only)

BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE ADMISSION IN NURSE MIDWIFERY COURSE

Name:-_____ F/Husband's Name_____

Age_____ Sex_____ Domicile_____ Date of birth_____

Religion_____ C.N.I.C. No.

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Postal Address_____

Telephone No. /Land Line_____ Mobile No._____

REQUIRED ACADEMIC/PROFESSIONAL QUALIFICATION & NECESSARY DOCUMENTS
(ATTACH ATTESTED PHOTO COPIES)

S#	Qualification	Institute	Year of Passing	Obtain No. /Total No	% of marks obtained	copy attached/ not attached
1	Metric					
2	FA/F.Sc					
3	General Nursing					
4	N.O.C.					
5	Other					

The above information is correct and true to the best of my knowledge.

Applicant's Signature_____