



Name of Applicant : _____

Course Applied For : _____

Admission Criteria

Generic BSN (04 years Degree Program)

Qualification:

- Matric with Science (Physics, Chemistry & Biology as compulsory Subjects).
- F.Sc Pre-Medical with 50% marks minimum (Physics, Chemistry & Biology as compulsory Subjects).
- Age Limit 14-35 years
- Both Male and Female can apply.

Post-RN BSN (02 years Degree Program)

Qualification:

- Matric with Science (Physics, Chemistry & Biology as compulsory subjects) OR
- Matric Arts as per HEC Notification No. 8(61)/A&A/2018/HEC/5998 dt.06.04.2018.
- Diploma in General Nursing
- Specialization in Midwifery (Any Post Basic Speciality for male in lieu of Midwifery)

Experience: Minimum 1 year experience as Registered Nurse after specialization.





COUNTRY INTERNATIONAL COLLEGE OF NURSING (CICON) RAWALPINDI

Building No. 854, F-Block, Satellite Town Adjacent to Attock Petrol Pump,
Rawalpindi, 051-999133031/ 0317-2255994

Email: cicon.chci.sgc@gmail.com

Website: www.cicon.com.pk

Admission Form

Serial No: _____

Note:

- Candidates are advised to fill the application form completely.
- Fill the form in BLOCK LETTERS with black pen.

Applied For:

- Generic BSN (04 years Degree Program) Session 2025 - 2029
- Post RN BSN (02 years Degree Program) Session 2025 - 2027

Paste Photograph
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Passport size (4*4)

Personal Information:

Name:												
Father's Name:												
Address:												
Email:						Contact No.						
CNIC No:					-					-		
DOB:			-		-	Gender:	<input type="checkbox"/>	<input type="checkbox"/>				
Domicile:						Marital Status:	<input type="checkbox"/>	<input type="checkbox"/>				
Nationality:						Religion:						
Guardian Occupation:						Native Language:						
Guardian Contact No:						Emergency Contact No:						

Academic Information

Qualification	Passing Year	Total Marks	Marks Obtained	Percentage %	Grade / Division	Board / University

Employment History for Post-RN

Designation	Duration		Organization
	From	To	

Checklist for Documents

Please Tick (✓) **Yes** or **No** Block.

Documents	Yes	No
• Matric Marks sheet		
• Matric Certificate		
• Intermediate Marks sheet		
• Intermediate Certificate		
• CNIC Copy / Form-B		
• 6 Passport Size Photograph with name attested from back		

For Post-RN BSN Candidates Only

• Diploma in General Nursing & All Marks Sheet		
• Diploma in Midwifery / Specialization and Marks Sheet		
• Valid Pakistan Nursing Council Registration Card		
• Experience Letter (After Specialization)		

All Documents shall be attested by Gazetted Officer BPS -17 Above

Date

Name & Signature of Applicant

Applicant Declaration

I _____ Son/Daughter/Wife of _____
an applicant for admission to CICON Nursing College solemnly affirm and declare that all statements and particulars mentioned in the admission application are true to the best of my knowledge and belief. I fully understand that if any of the above mentioned statements, particulars or documents are found to be incorrect or forged, I will be subject to refusal of Admission to the CICON Nursing College or if admitted, I will be subject to expulsion from the college without notice at any time during the course of my studies and all dues paid by me to the college shall stand forfeited in addition to the initiation of appropriate legal action against me. I further declare that I have never been expelled from any nursing college in Pakistan on account of failure to clear any examination conducted by institution/university.

Signature of Applicant

Undertaking

I _____ Father/Guardian of Mr./Ms _____
am responsible for the good behaviour and conduct of my son/daughter/wife, during his/her stay at the Institute and shall fully cooperate with the Institute authorities in this regard. Please enclose attested copy of CNIC.

**Name & Signature of Parents /
Guardian**

Contact No.

Relation

Address

Principal

**Country International College of
Nursing(CICON)**



COUNTRY INTERNATIONAL COLLEGE OF NURSING (CICON) RAWALPINDI

Building No. 854, F-Block, Satellite Town Adjacent to Attock
Petrol Pump, Rawalpindi

Admit Card

Name: _____ Father's Name: _____

CNIC/Form-B: _____ Program: _____

Paste
Photograph
Here

Passport size
(4*4)

For Official Use only:

Roll No: _____

Entry Test Date: _____ Time: _____ Venue: _____

Interview Date: _____ Time: _____ Venue: _____

Applicant's Signature

Signature of Principal
Country International College
of Nursing (CICON)