King TAS College of Nursing & Allied Health Sciences

Main Painsara Road, College Road, Near Model City Phase 3, Gojra, Toba Tek Singh, Punjab
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ADMISSION FORM — SESSION 2026–27

Form No. _____

Date _____

Please fill in this form in block letters and attach photocopies of the documents listed in section 5.

Affix recent passport size photograph

1. Personal Information

Full name _____ Father's name _____

Date of birth _____ Gender ☐ Male ☐ Female

CNIC / B-Form _____ Phone _____

WhatsApp _____ Email _____

2. Academic Information

Qualification

Matric: ☐ Science (Biology) ☐ Science (Computer) ☐ Arts

Intermediate: ☐ F.Sc Pre-Medical ☐ F.Sc Pre-Engineering ☐ ICS ☐ Arts

Institution _____

Marks obtained _____ Total marks _____

Percentage _____

3. Program Applied For (tick one)

Nursing programs

☐ BSN Generic
☐ Post RN
☐ LHV (Lady Health Visitor)
☐ CMW (Community Midwife)
☐ CNA (Certified Nursing Assistant)

Allied health programs

☐ Radiography Technology + F.Sc
☐ Medical Lab Technology + F.Sc
☐ Dental Technician
☐ Operation Theater Technology + F.Sc
☐ Dispenser + F.Sc
☐ B-Category Pharmacy Technician
☐ Anesthesia Technician

4. Address

Postal address _____

City _____ District _____

Province _____

5. Documents Attached

☐ CNIC / B-Form (front and back)
☐ Domicile certificate
☐ Personal photograph
☐ Educational documents / certificates
☐ Other supporting documents

6. Declaration

I declare that the information given in this form and the documents attached are true and correct to the best of my knowledge. I accept the terms and conditions of King TAS College and understand that incorrect information may lead to cancellation of my admission.

Applicant signature _____ Guardian signature _____ Admissions office stamp & signature _____