FEE STRUCTURE	
Prospectus fees	PKR 2,000/-
Admission fees	PKR 50,000/-
Tuition fees/Semester	PKR 100,000/-
Examination fees/Semester	PKR 5,000/-
Security Deposit (refundable)	PKR 20,000/-
Library fees	PKR 2,000/-
Total	PKR 179,000/-

Note: Fee and other charges are subject to change without prior notice

- Government tax on tuition fee will be applied as per FBR rules
- Students defaulting on payments within due date may be suspended and/or barred from attending classes and/or progression to the next year of study until clearance of dues in accordance with the institute's policies and procedures
- Personal cheques are not acceptable
- Please review the "modes of payment" section for making payments





SOUTH CITY INSTITUTE OF NURSING

Application Number	

APPLICATION FORM

☐ Post RN Bsc. Nursing ☐ BS Nursing Generic

Passport Size
Photograph

- Fill the form in BLOCK LETTERS
- Incomplete form will be rejected

Name of Applica	antFather's Name			
Date of Birth	d m m y y y	y Nationality	Gender 🗌	Male ☐ Female
C.N.I.C.		Marital Sta	tusRelig	ion
Residential Addre	ss			
(Prese	ent)	9 1 U U		5
Res <mark>idential Addre</mark>	ss	9 91 4		
(Permane	ent)	= 4 - 4		
Tel no	Mobile no.	щ	E-mail	\$ /
	Candi	date	Father / G	u <mark>ardian</mark>
	Domicile	PRC	Domicile	PRC
Certificate no.				
District				
Date of Issue				
Place of Issue			THE STREET	_

ACADEMIC RECORD OF CANDIDATE

Level of Study	Name and Place of Institution	Passing Year	Grade / %
Matric / O Levels / Equivalent			
Intermediate / A Levels / Equivalent			
Other			

PARTICULARS OF FATHER / MOTHER / GUARDIAN

Name	G	Gender ☐ Male ☐ Female
Marital Status	Relationship with Candidate	
C.N.I.C.	Nationality	Religion
(Present) Residential Address (Permanent)	noE-mail	
Father's / Mother's / Guardian's Profe	ssion	
Employer's Name		
Highest Education Level	DOCUMENTS CHECKLIST	St. O
Matriculation/O-Level Marks Sheet	AAGIGII	Yes No No
Matric/O-Level Certificate		Yes No 🗆
Candidate's Domicile	7	Yes No
Candidate's PRC		Yes No No
4x Passport Size Photographs		Yes □ No □
Parent's / Guardian's CNIC		Yes □ No □
Candidate's CNIC / B-form	vt.) Ltd	Yes No 🗆
Date	Candidate's Signature	Parent's / Guardian's Signature



SOUTH CITY INSTITUTE OF NURSING

South City H	ADMIT CA		Roll Number
	□ Post RN BSc. Nursing □	BS Nursing Generic	
	CANDIDATE'S C	OPY S	
Name:	Father'sName:		1x1 Size
Postal Address:	S Sout		Photograph
Tel no:	Mobile no: E-n	nail:	-
Candidate's	For Official Use	For	Official Use
Signature	Examination Date:	Name:	
	Time:	Signature:	
Guardian's Signature	Venue:	Seal:	

Note: Kindly bring your ORIGINAL C.N.I.C. and ADMIT CARD to enter the examination hall.



South City H	SOUTH CITY INSTITUTE ADMIT CARD	Roll Number
	ENTRY TEST Post RN BSc. Nursing	
	S.C.I.N. COPY	
Name:		1x1 Size Photograph
Tel no:	Mobile no: E-mail:	
Candidate's Signature	For Official Use Examination Date:	For Official Use
Guardian's	Time:Venue:	Signature:

Bank Copy

Institute A/C Copy

Application form Copy

Applicant Copy

South City Healthcare Education Hub

Pvt. Ltd.

Clifton, Karachi.

SCIN

United Bank Ltd.
Branch Name: Boating Basin
Branch Code: 1872
Account # 250914386

Application No.	
Application No.	

Full	Name	

Father Name

CNIC		

Detail of Fee	Amount
Admission Fee	50,000/-
Tution Fee	100,000/-
Examination Fee	5,000/-
Security Deposit	20,000/-
Library Fee	2,000/-
Total	177,000/-

Applicant Receiving Branch Signature Stamp and Signature

South City Healthcare Education Hub Pvt. Ltd.

Clifton, Karachi.

SCIN

United Bank Ltd.
Branch Name: Boating Basin
Branch Code: 1872
Account # 250914386

Application No.	

Full Name	-	100
Father Name		

CNIC

Detail of Fee	Amount
Admission Fee	50,000/-
Tution Fee	100,000/-
Examination Fee	5,000/-
Security Deposit	20,000/-
Library Fee	2,000/-
Total	177,000/-

Applicant	Receiving Branch
Signature	Stamp and Signature

South City Healthcare Education Hub Pvt. Ltd.

Clifton, Karachi.

SCIN

United Bank Ltd.
Branch Name: Boating Basin
Branch Code: 1872
Account # 250914386

Application No.	

Full Name		6
Fath <mark>er Name</mark>		18
CNIC	South	9

Detail of Fee	Amount
Admission Fee	50,000/-
Tution Fee	100,000/-
Examination Fee	5,000/-
Security Deposit	20,000/-
Library Fee	2,000/-
Total	177,000/-

Applicant	Receiving Branch
Signature	Stamp and Signature

South City Healthcare Education Hub Pvt. Ltd.

Clifton, Karachi.

SCIN

United Bank Ltd.
Branch Name: Boating Basin
Branch Code: 1872
Account # 250914386

Application	No	
ADDIICATION	INU.	

Full Name	-		
Father Name	-		13
CNIC	Sal	at like	0

Detail of Fee	Amount
Admission Fee	50,000/-
Tution Fee	100,000/-
Examination Fee	5,000/-
Security Deposit	20,000/-
Library Fee	2,000/-
Total	177,000/-

Applicant
- ! !
Signature

Receiving Branch Stamp and Signature

Bank	Copy
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South City Healthcare Education Hub Pvt. Ltd.

Clifton, Karachi.

SCIN

United Bank Ltd.
Branch Name: Boating Basin
Branch Code: 1872
Account # 250914386

Application No		See 1
Full Name	City F	131
Father Name _	y n	

CNIC

Detail of Fee	Amount
Prospectus Fee	2,000/-
Total	2,000/-

Applicant Signature	Receiving Branch Stamp and Signature
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Institute A/C Copy

South City Healthcare Education Hub Pvt. Ltd.

Clifton, Karachi.

SCIN

United Bank Ltd.
Branch Name: Boating Basin
Branch Code: 1872
Account # 250914386

Application No			(a)
Full Name	Sou	th	A us
Father Name	7 1 2 3		8
CNIC	10		

Detail of Fee	Amount
Prospectus Fee	2,000/-
Total	2,000/-

Application form Copy

South City Healthcare Education Hub Pvt. Ltd.

Clifton, Karachi.

SCIN

United Bank Ltd.
Branch Name: Boating Basin
Branch Code: 1872
Account # 250914386

Application N	0.
, ipproduction 14	
	South 3
Full Name	City H
Father Name	3113
CNIC	*

Detail of Fee	Amount
Prospectus Fee	2,000/-
Total	2,000/-

Applicant	
Signature	

Receiving Branch Stamp and Signature

Applicant	Сору
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South City Healthcare Education Hub Pvt. Ltd.

Clifton, Karachi.

SCIN

United Bank Ltd.
Branch Name: Boating Basin
Branch Code: 1872
Account # 250914386

Application N	o	6
Full Name	City H	131
Father Name		
CNIC		

Detail of Fee	Amount
Prospectus Fee	2,000/-
Total	2,000/-

Applicant	Receiving Branch
Signature	Stamp and Signature