

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



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 _____ Gender ☐ Male ☐ Female

Marital Status _____ Relationship with Candidate _____

C.N.I.C.

				-						-	
--	--	--	--	---	--	--	--	--	--	---	--

 Nationality _____ Religion _____

Residential Address _____
(Present)

Residential Address _____
(Permanent) _____

Tel no. _____ Mobile no. _____ E-mail _____

Father's / Mother's / Guardian's Profession _____

Employer's Name _____

Highest Education Level _____

DOCUMENTS CHECKLIST

Matriculation/O-Level Marks Sheet _____ Yes ☐ No ☐

Matric/O-Level Certificate Yes ☐ No ☐

Candidate's Domicile _____ Yes ☐ No ☐

Candidate's PRC _____ Yes ☐ No ☐

4x Passport Size Photographs _____ Yes ☐ No ☐

Parent's / Guardian's CNIC _____ Yes ☐ No ☐

Candidate's CNIC / B-form _____ Yes ☐ No ☐

Date _____

Candidate's
Signature

Parent's / Guardian's
Signature



SOUTH CITY INSTITUTE OF NURSING

ADMIT CARD

ENTRY TEST

- ☐ Post RN BSc. Nursing ☐ BS Nursing Generic

CANDIDATE'S COPY

Roll Number

Name: _____ Father's Name: _____

Postal Address: _____

Tel no: _____ Mobile no: _____ E-mail: _____

1x1 Size
Photograph

Candidate's
Signature

For Official Use

Examination Date: _____

Time: _____

Venue: _____

For Official Use

Name: _____

Signature: _____

Seal: _____

Guardian's
Signature

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



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ENTRY TEST

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S.C.I.N. COPY

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Photograph

Candidate's
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For Official Use

Examination Date: _____

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Signature: _____

Seal: _____

Guardian's
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. _____

Full Name _____

Father Name _____

CNIC _____

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

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Applicant
SignatureReceiving Branch
Stamp and SignatureApplicant
SignatureReceiving Branch
Stamp and SignatureApplicant
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Stamp and SignatureApplicant
SignatureReceiving Branch
Stamp and Signature

Bank Copy

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Applicant
Signature

Receiving Branch
Stamp and Signature

Institute A/C Copy

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