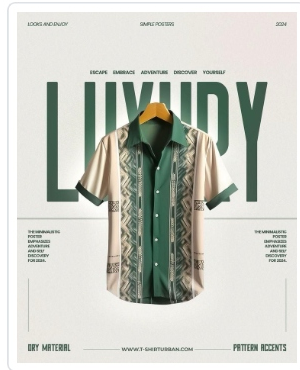


HORIZON INSTITUTE OF HEALTH SCIENCES

ADMISSION FORM

PROGRAM APPLIED FOR: BSN
Nursing

Application#: 4



1. PERSONAL DETAILS

Name of Applicant	Abdullah Abid
Father's Name	Abid Hussain
Nationality	Pakistan
Date of Birth	2003-10-27
CNIC #	3740665347097
Marital Status	0
Religion	Islam
Gender	male
Home Address (Present)	18/G-1188 pof Wahcantt
Tel No.	03135710899
Mobile	03135710899
Home Address (as mentioned in NIC)	

E-mail	abdullahabidwahcantt@gmail.com
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2. EDUCATION AND ACADEMIC DEGREES

Academic Degree	Major Subject	School/University/Board	Country
intermediate	Se	HIHS	Pakistan

PARTICULARS OF FATHER/MOTHER/GUARDIAN

Name	Abid Hussain
Occupation	Worker
Designation	Worker
Name of organization	GraphoFix
Office Address	18/G-1188 pof Wahcantt
Present Residential Address	18/G-1188 pof Wahcantt
Office Phone	03135710899
Mobile Phone	03135710899
Res. Phone	
Any Other Contact Number	03135710899
Annual Income	
Religion	Islam
Nationality	Pakistan
NADRA NIC No.	3456798763457