

DIRECTORATE GENERAL OF NURSING SERVICES, PUNJAB,

24-Cooper Road Lahore. Ph. No. 99200965-99200967 Fax. 99200966.

APPLICATION FORM FOR ATTESTATION

Write in clear and block letters

Photograph

1. Name: _____
2. Father's/ Husband's Name _____
3. Date of birth: _____
4. Religion: _____
5. PNC registration No. _____ Validity date _____
6. Diploma in General Nursing from _____
7. Diploma in Midwifery from _____
8. Experience Letter (If any) _____
9. One passport size photograph: _____
10. Complete Address: _____

Note: An affidavit in this regard on judicial Stamp Paper duly attested by the Oath Commissioner concerned.

SIGNATURE OF THE APPLICANT

N.I.C. No. _____