PLEASE SUBMIT THIS FORM PHYSICALLY ALONG WITH FOLLOWING REQUIRED DOCUMENTS

MEHER GROUP OF INSTITUTIONS-MGI

MEHER

INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES (MINAHS) MIRPURKHAS

MEHER

MINAHS

REGISTRATION FORM FOR GBSN SESSION 2025-26

NAME OF APPLICANT:_____FATHER'S NAME:_____

RELIGION : _____ SURNAME: _____NATIONALITY : _____ DOMICILE:_____

TEL. : _____CELL # : _____ EMAIL: _____

MAILING ADDRESS :_____

PERMANENT ADDRESS: _____

DATE OF BIRTH: (DD/MM/YY) AGE : _____C.N.I.C/ B.FORM : _____

FATHER/GUARDIAN'S OCCUPATION :_____ CELL/PHONE :_____

	COLLEGE INSTITUTE	BOARD / UNIVERSITY	GRADE MARKS	YEAR OF PASSING	SEAT NO.
SSC MATRICULATION MARKS					
HSSC INTERMEDIATE MARKS					

DECLARATION

I DECLARE THAT ABOVE MENTION INFORMATION IS CORRECT AND COMPLETE IN ALL REGARDS TO THE BEST OF MY KNOWLEDGE. IN CASE OF ANY MISINFORMATION MY ADMISSION SHOULD BE CANCELLED.

DATE OF SUBMISSION

APPLICANT'S SIGNATURE

REQUIRED DOCUMENTS

- Copy of Secondary School Pass Certificate (Matriculation).
- Copy of Secondary School Marks Certificate (Matriculation).
- Copy of Higher Secondary School Pass Certificate (Intermediate).
- Copy of Higher Secondary School Marks Certificate (Intermediate).
- Copy of Candidate's Domicile of any District of Sindh Province.
- Copy of Candidate's PRC Form "C" any District of Sindh Province.
- Copy of Candidate's C.N.I.C or Copy of "B" Form.
- Copy of C.N.I.C of Father / Guardian.
- Candidate's Passport size Photograph.

ADDRESS: OPPOSITE TO MARVI GODOWN, NEAR JARWARI CANAL, MAIN UMERKOT ROAD, MIRPURKHAS
TEL: 0331-5508881, 0333-2710690, 03153318049 WEB:WWW.MGI.EDU.PK