



INSTRUCTIONS FOR COMPLETING THE APPLICATION

(Please detach before submitting application)

Course:	Master of Science in Nursing
Direct entry = Duration	2 Years full time studies
Transition entry = Duration	3 Years full time studies
Starting Date:	October 06, 2008

As application to Aga Khan University School of Nursing (AKUSON), MScN Programme, please make sure you have enclosed the following:

a. Application Form

- Complete in all respects
- Two attested photographs with your name labeled at the back. One stapled to admit card the other to application form.

Certification and other Results

- Attested photocopies of: Marksheets Certificates Other academic qualifications

Progress Reports

- If you are currently in any other institution or in employment, please provide mark-sheets of recent examination taken or progress reports, as applicable.
- **Statement of Purpose:** All applicants must submit a statement of objectives, summarizing past education, training and experience as well as current interests and future aims. A curriculum vitae and list of publications should also be included.
- **Letter of Recommendation:** Three letters of recommendation from individuals who are well acquainted with your previous academic work and professional experience.

Note:

- **Faxed documents must be supplemented with attested photocopies.**
- **Documents submitted with application will not be returned. Please keep copies of documents for your record.**

b. Application Fee

For residents in Pakistan

A non-refundable application fee of Rs.2,000/- payable in cash if deposited in person or as a bank draft in favour of Aga Khan University. MONEY ORDERS/POSTAL ORDERS/CHEQUES ARE NOT ACCEPTABLE.

For applicants currently residing overseas

A non-refundable application fee of US \$30 or its equivalent in Pakistani rupees, payable in cash if deposited in person or as a bank draft in favour of Aga Khan University drawn on a bank in Karachi.

Note: Applications will not be processed if the fee has not been paid.

c. Admit Card

Complete in all respects for applicants writing AKU Admission Test.

The completed application form and its enclosures should be posted by registered mail, on the following address. If delivered by hand, the timings are between Monday and Friday, 9:00 A.M. to 12:00 Noon.

The Admission Office
Master of Science in Nursing
Aga Khan University - School of Nursing
P.O. Box 3500, Stadium Road
Karachi 74800, Pakistan

Last date for receiving applications **March 28, 2008**
There is no provision for late applications

Important:

It will be the responsibility of the applicant to submit awaited documents according to the published Admission schedule. No reminders will be issued from the Admission Office.

**MSc Nursing/Transition
2008**

**AGA KHAN UNIVERSITY
School of Nursing
Application for Admission**

Attested recent
photograph bearing
the name of the
applicant at the back

Please staple

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Application Number
(Please leave blank)

Personal Data

Please type or write in BLOCK LETTERS

For sponsored candidates,

NOC Required: Yes No

If yes, these should be submitted to confirmed admission

Full Time: _____ Part Time: _____ Transition _____

Name: _____ Father's/Spouse Name _____

Sex: Male Female Marital Status: Single Married
No. of children _____

_____ Date of Birth _____ Place of Birth _____ Citizenship _____ Passport No. (For foreign nationals) /
NIC No. (For Pakistani nationals)

Correspondence Address

Permanent Address

_____ Telephone _____ Fax No. _____

_____ Telephone _____ Fax No. _____

_____ E-mail address _____

_____ E-mail address _____

Admission Test & Interview Centre: *(Please circle one centre of your choice)*

Karachi	Rawalpindi
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Official: Please do not write in this space:

Fees: L F

Date _____ Received by _____

Academic Qualifications

(all certificates are subject to verification)

Qualification	Institution	Medium of Study	Year Qualified	Marks / Percentage	Division / Grade
Matriculation/O-Level Science/ Arts/Commerce	_____	_____	_____	_____	_____
Intermediate/A-Level Science/ Arts/Commerce	_____	_____	_____	_____	_____
Undergraduate BSc/BA/BCom	_____	_____	_____	_____	_____
Graduate MSc/MA/MCom	_____	_____	_____	_____	_____
Post-Graduate	_____	_____	_____	_____	_____

Professional Qualifications

	Institution	Examination Board	Year Qualified	Division/ Grade
General Nursing	_____	_____	_____	_____
RN Diploma	_____	_____	_____	_____
BScN	_____	_____	_____	_____
RM	_____	_____	_____	_____
LHV	_____	_____	_____	_____
DWA/DTA	_____	_____	_____	_____
Others (Specify)	_____	_____	_____	_____

(Attach additional sheets. Mark as attachment I)

Current RN Registration No.: _____ Valid until: _____

Overseas Candidates: GRE Score _____ Date taken _____

English Language Skills

TOEFL Score (if available) _____ Date taken _____

Any other English Proficiency Test:

Name of Test: _____ Score _____ Date taken _____

Computer Skills

Specify the programmes you utilize on a routine basis: _____

Rate your computer skills:

Above average Average Minimal

Employment

Please list all professional and nursing work experience beginning with your current position. Please attach documents with relevant references for work experience (*Attach additional sheets. Mark as attachment II*)

Name of the Institution	Position	Area of Practice	Dates	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total work experience as a Registered Nurse: _____

Scholarly Activities

(Include research projects, publications and presentations. *Attach additional sheets. Mark as attachment III*)

	Dates	
	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extra Curricular and Co-Curricular Activities & Voluntary Work

Please list your extra, co-curricular and voluntary work during the last five years.
(*Attach additional sheets. Mark as attachment IV*)

Activity	Dates	
	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Memberships

Institution/Organization	Membership Role	Dates	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Recognition / Award / Prizes

Name of Award

Date Received

Other Details

Have you applied for this programme before? Yes _____ No _____

If Yes: Were you admitted? Yes _____ No _____

If Yes: What year _____ If No: Reason for denial a) Personal _____ b) Institutional _____

Provide reasons _____

Are you currently studying? Yes _____ No _____ Which Course(s) / Programme? _____

Name of Institution _____

Are you awaiting any examination results? (Specify) _____

List three persons from whom you will request a letter of reference. Please distribute the attached letter of reference to these individuals. One of your referees must be your immediate supervisor or faculty and two others must be from professionals you have known for at least 2 years (not relatives).

1. Name & Designation _____

Occupation / Profession _____

Address _____

Telephone _____ Email Address _____

2. Name & Designation _____

Occupation / Profession _____

Address _____

Telephone _____ Email Address _____

3. Name & Designation _____

Occupation / Profession _____

Address _____

Telephone _____ Email Address _____

Declaration:

The information I have provided is true. I agree to conform to the discipline of the selection process and to accept the decision of the School of Nursing concerning the evaluation of my application and the final selection. I will abide by the rules, regulation and policies of Aga Khan University as they may be at the time of admission or as they may be changed during my enrollment as a student.

Date

Applicant's Signature