**INSTITUTE FOCAL PERSON DATA COLLECTION FORM**

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| **INSTITUTE INFORMATION** |
| Name of Institute |  |
| Address |  |
| City |  |
| Provinces |  |
| Name of Principal/MSN Faculty |  |
| Principal/MSN Faculty PNMC Registration No. |  |
| Name of affiliated NEB for diploma program |  |
| Name of affiliated University for degree program |  |
| **PNMC APPROVED/RECOGNIZED PROGRAM DETAILS** |
| **PNMC recognized program**  | **Date of Recognition** | **Approved Seats** **in FALL Session** | **Approved Seats** **in Spring Session** |
| Generic BSN/BSM |  |  |  |
| Post RN BSN/BSM |  |  |  |
| MSN |  |  |  |
| PhD |  |  |  |
| LHV |  |  |  |
| CMW |  |  |  |
| CNA |  |  |  |
| PB Specialty |  |  |  |
| PB Specialty |  |  |  |
| **INSTITUTE FOCAL PERSON DATA** |
| Name of Focal Person (for Pre-Registration) |  |
| Father Name |  |
| Designation |  |
| CNIC No. |  |
| Date of Birth |  |
| Email |  |
| Mobile No. |  |
| Website |  |

**Declaration:** It is therefore declared that the information above is accurate and that the aforementioned focal person has been chosen by our institute. If this person is ever removed from their role as the focal person, the institute will notify PNC within seven days.

Signature

Principal, (institute concerned)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal/Stamp of the institute)

Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landline No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Attach the following with the data collection form:**

1. Nomination letter of Focal Person (having basic IT knowledge) for PNC Online Pre Registration from your Institution (Includes focal person Name, Designation, CNIC Number, Mobile Number, official Email address).
2. Copy of CNIC of Focal Person.
3. Copies of all PNC Institute recognition letters.(both degree and diploma)

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| **ONLINE PRE REGISTRATION** |
| Step No.1: | All institute are required a fill “PNMC Institute Focal Person Data Form” with copies all recognized letters. Institute shall submit the “PNMC Institute Focal Person Data Form” and scan copies of all recognized letters in pdf format and send to **email: info@pnmc.gov.pk** Note: in case of any issue you can email (**email: info@pnmc.gov.pk)** to MIS Focal person with the following format.email format:Institute Name:………………….Your Name:…………………Contact Number: …………………………..CNIC No…………………………….Email :…………………………..Detail of issue:……………………………………………………….. |
| Step No. 2: | PNMC MIS Team will create account of all institutes on their submitted data forms |
| Step No.3 :  | Account ID and Password will be shared with institute focal person |
| Step No. 4:  | A training session will be scheduled for the institute focal person for the effective submission of data |
| Step No. 5 | Institute will submit their data for pre registration as per procedure |
| Step No. 6 | PNMC Pre registration team will scrutinize the information submitted on online portal and will assign pre registration as per procedure. |

**Note: Helpline Number of MIS related issues …… 051-9255805**