



**OFFICE OF THE CONTROLLER**  
**SINDH NURSES EXAMINATION BOARD, KARACHI**  
T.H.O., Saddar Town, Office compound, Kalapul Cantt. Karachi,  
Phone: 99204200,

No.SNEB/633-38

Dated: 03-03-2020

## PUBLIC NOTICE

**SUBJECT: NOMINATION OF PNC MEMBER THROUGH ELECTION PROCESS**

In pursuance of (i) Decision made under Submit Ref. No. SNEB/357, Dated: 28-01-2020, (ii) As per direction of Competent Authority, i.e. Chairman SNEB Honorable Secretary Health Department, Government of Sindh Karachi (iii) As per Decision made under 118<sup>th</sup> Board meeting and (iv) As per Criteria mentioned by PNC for Nomination, undersigned is authorized as Secretary of the Sindh Nurses examination Board, Karachi to proceed the PNC Election process as under the rule, hence Pro-forma are enclosed for further process as mentioned in subject. The Pro-forma must be endorsed by the Concern authorities. The **last date** for the submitted of Pro-forma is **30-04-2020**. The Tentative date for Election will be decided after closing date.

(Khair-Un-Nisa)  
Controller  
Sindh Nurses Examination Board  
Karachi

**Copy Forwarded for information to:**

1. PS to Chairman SNEB, Secretary Health Department Government of Sindh Karachi
2. Additional Secretary (Tech), Health Department Government of Sindh Karachi
3. Vice Chairman, Director of Nursing Sindh, Karachi.
4. The Registrar PNC
5. Website [www.sneb.org.pk](http://www.sneb.org.pk) (Public Notice)
6. Office Record.

.....APPENDIX.....

**Performa for Nomination as PNC Member's**  
(Designed under Decision made by PNC Session 24<sup>th</sup> Dated: 09-04-2019)

**Form Updated Till:** 04-03-2020

1. Select the Column for which **Nomination** is desired: *(Please encircle any one)*

- i. One Nurse as member
- ii. One Midwife as member
- iii. One LHV as Member

2. Are you **registered** with PNC? *(Please encircle any one)*

- i. Yes (Proceed to Sr. no 3)
- ii. No (Not Eligible for Nomination)

3. How you are **registered** at PNC? *(Please encircle any one)*

- i. Nurse (Reg. No; \_\_\_\_\_)
- ii. Midwife (Reg. No; \_\_\_\_\_)
- iii. LHV (Reg. No; \_\_\_\_\_)

4. Are you posted in relevant **College /School (Nurse/Midwife/LHV)?** *(Please encircle any one)*

- i. Yes (Proceed to Sr. no 5)
- ii. No *(Not Eligible for Nomination)*

5. What is your **Rank** (as Nurse/Midwife/LHV)? *(Please encircle any one)*

- i. Tutor/Instructor
- ii. Principal/Vice Principal College of nursing/School of nursing
- iii. Assistant/Deputy Controller
- iv. Chief Nursing Superintendent
- v. Nursing Superintendent

6. What is your **Domicile**?

- i. Sindh
- ii. Other (not Eligible)

7. What is your **employment** Status?

- i. Government
- ii. Private
- iii. Autonomous

8. What is your **appointment** status?

- i. Permanent
- ii. Temporary
- iii. Adhoc /Contract (Not Eligible)

9. What is your **Age**?

- i. Less than 30 Year (Not Eligible)
- ii. More than 30 Year

10. Are you previously **nominated** as PNC Member?

- i. Yes (Proceed to Sr. no 6)
- ii. No

11. If Sr. No 10 Yes then how long , you were **nominated** as PNC member?

- i. Never Hold the Office of Council
- ii. Hold the Office of Council as member for One consecutive term (3 year only)
- iii. Hold the Office of Council as member for two consecutive term (6 Years) (Not eligible for PNC membership)

12. Have you ever been hold the office of PNC as **observer**?

- i. Yes
- ii. No (Not Eligible for Nomination)

### Declaration

I solemnly declared that the information as provide above are correct by the best of my knowledge. The competent authority reserved the right to cancel the nomination without any further notice in case any query.

Signature: \_\_\_\_\_

Thumb Stamp:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Place of Posting; \_\_\_\_\_

CNIC No.: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Picture:

**Please attach the following documents:**

- i. Attested copy of PNC Card
- ii. Attested copy of Appointment/Posting Order
- iii. Attested copy of Domicile
- iv. Attested copy of Matric Certificate

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**For Office use only**

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Inward No: \_\_\_\_\_,

Inward: Dated: \_\_\_\_\_

**Remarks:**

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**Controller**  
Sindh Nurses Examination Board  
Karachi

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**.....APPENDIX.....**

**Controller**  
**Sindh Nurses Examination Board**  
**Karachi**

**Copy forwarded for information to:**

- 1) The Secretary Health / Chairman Sindh Nurses Examination Board Karachi.
- 2) The Director of Nursing / Vice-Chairperson Sindh Nurses Examination Board Karachi.
- 3) Additional Secretary (Tech), Health Department Government of Sindh Karachi
- 4) The Section Officer (ME), Govt of Sindh Health Department, Karachi.
- 5) Account Section
- 6) Officer Concerned.



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Ref. No: SNEB/\_\_\_\_\_

Dated: \_\_\_\_\_

**PRO FORMA FOR FOCAL PERSON PNC ELECTION**

**INFORMATION OF THE FOCAL PERSON:**

1. **Name** of the Focal person of the Institute: \_\_\_\_\_
2. **Designation** of the Focal Person: \_\_\_\_\_
3. **Qualification** of the Focal Person: \_\_\_\_\_
4. **Date of Birth** of the Focal Person: \_\_\_\_\_
5. **PNC Registration No** of the Focal Person: \_\_\_\_\_
6. **CNIC No** of the Focal Person: \_\_\_\_\_
7. **Contact** no of the Focal Person: \_\_\_\_\_
8. **Email** of focal person: \_\_\_\_\_
9. **Name** of Institute: \_\_\_\_\_
10. **Address** of the Institute: \_\_\_\_\_

\_\_\_\_\_  
**Principal  
With Official Stamp**



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Dated: \_\_\_\_\_

**PRO FORMA FOR VOTER REGISTRATION PNC ELECTION**

**INFORMATION OF THE VOTER REGISTRATION:**

1. **Name of the teacher:** \_\_\_\_\_
2. **Designation:** \_\_\_\_\_
3. **Qualification:** \_\_\_\_\_
4. **Date of Birth:** \_\_\_\_\_
5. **PNC Registration No:** \_\_\_\_\_
6. **CNIC No:** \_\_\_\_\_
7. **Contact no of the:** \_\_\_\_\_
8. **Email Id:** \_\_\_\_\_
9. **Name of Institute:** \_\_\_\_\_
10. **Address of the Institute:** \_\_\_\_\_

\_\_\_\_\_  
**Principal  
With Official Stamp**



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Dated: \_\_\_\_\_

**Information of all faculties In Institutes Registered Under Sindh Nurses Examination Board, Karachi**

S.N o.	Name of Faculty	Designation	PNC Reg.#	CNIC No	Contact No	Email address
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Total no of Faculty in Institute: \_\_\_\_\_

**RULES & REGULATION APPROVED BY PNC  
PNC Annual Council Meeting**

**Subject:- NOMINATION OF PNC MEMBERS THROUGH ELCTION.**

In accordance with the term of Council specified in PNC Act, 1973 under **section -4 clause (1) & (4) the** PNC ,Members approved the below process of the election for the members.

To conduct election of the Pakistan Nursing Council 03 new members in PNC from Provincial Government in term of Section-3 (f, g & l ) as under :-

**Definition of PNC members:** - A member who by the rank of position /function to amend and consolidate the laws relating to registration and training of nurses, midwives and health visitors.

<b>Nurse Member</b>	
<b>Qualification</b>	<b>Disqualification</b>
<ol style="list-style-type: none"> <li>1. <b>Registered Nurse</b> with PNC.</li> <li>2. <b>To contest or vote by Ranks.</b></li> <li>3. <b>Ranks means</b> (Nurses promoted /appointed as Tutor Nurse/Nursing Instructor/ Nursing Tutor/ Principal College of Nursing/ School of Nursing/ Vice Principal/ Assistant/Deputy Controller/ Chief Nursing Superintendent/ Nursing Superintendent).</li> <li>4. Respective Province Domicile.</li> <li>5. Employees of provincial Government Public /Private sector/ semi autonomous body <b>Except Adhoc/Contract employee.</b></li> <li>6. Age not less than 30 Years.</li> </ol>	<ol style="list-style-type: none"> <li>1. Not Registered Nurse with PNC.</li> <li>2. Retired Nurse.</li> <li>3. Hold the office of council as member two consecutive terms are not eligible for nomination.</li> <li>4. Hold the office of council as observer.</li> <li>5. Nurses working against the posts on attachment basis.</li> </ol>
<b>Nurse Midwife</b>	
<ol style="list-style-type: none"> <li>1. <b>Registered Midwife</b> with PNC.</li> <li>2. <b>To contest or vote by Ranks.</b></li> <li>3. <b>Ranks means</b> (Nurses promoted /appointed as Midwifery Tutor /Midwifery Instructor/ Principal Midwifery School/ Vice Principal/.</li> <li>4. Respective Province Domicile.</li> </ol>	<ol style="list-style-type: none"> <li>1. Not Registered Nurse with PNC.</li> <li>2. Retired.</li> <li>3. Hold the office of council as member two consecutive terms are not eligible for nomination.</li> <li>4. Hold the office of council as observer.</li> </ol>



<p>5. Employees of provincial Government Public /Private sector/ semi autonomous body <b>Except Adhoc/Contract employee</b></p> <p>6. Age not less than 30 Years.</p>	<p>5. Working against the posts on attachment basis.</p>
<p><b>LHV Member</b></p>	
<p>1. <b>Registered as LHV</b> with PNC.</p> <p>2. <b>To contest or vote by Ranks.</b></p> <p>3. <b>Ranks means</b> (Lady Health Visitor promoted /appointed as LHV/ LHV Tutor/Principal / Vice Principal/.</p> <p>4. Respective Province Domicile.</p> <p>5. Employees of provincial Government Public /Private sector/ semi autonomous body <b>Except Adhoc/Contract employee.</b></p> <p>6. Age not less than 30 Years.</p>	<p>1. Not Registered with PNC.</p> <p>2. Retired.</p> <p>3. Hold the office of council as member two consecutive terms are not eligible for nomination.</p> <p>4. Hold the office of council as observer.</p> <p>5. Working against the posts on attachment basis.</p>

**Note: -**

1. The election process shall conduct by the Director Nursing & Controller Nursing Examination Board as member of the Council / Provincial Board by virtue of posts.
2. The schedule of election may announce by the Director Nursing with consultation of Chairman Provincial Board/ Controller NEB. *show*
3. The election process may furnish by vote through ballot or ~~shake~~ shake of Hands.
4. The list of the voter may furnish by the DN of respective province before one weeks of the PNC members election.