

NAGALAND NURSING COUNCIL

PMTI Complex, Merhulietsa Colony, Kohima- 797001, Nagaland.

Email: registrarnnc@gmail.com

www.nursingcouncil.nagaland.gov.in



APPLICATION FORM FOR SEAT ENHANCEMENT

Academic Year: _____

1. Name of the Institution: _____

2. The Institution is under:

Central Government

State Government

Local Body

Registered Private/Public Trust

Missionary Organization

organizations registered under Societies Registration Act

Companies incorporated under section 8 of company Act

3. Name of the Chairperson/Managing Trustee: _____

4. Contact No.: _____

5. Email ID: _____

6. Correspondence Address: _____

7. Applied Nursing programme:

ANM GNM P.B.B.Sc.(N) B.Sc.(N) M.Sc.(N) PhD (N)
P.B.D.P NPCC

8. Applied Nursing programme details:

a. Name of the programme: _____

b. Govt. Order No. & Date: _____
(enclosed Attested copy)

c. Name & Address of the Affiliated University/Board: _____

d. Affiliated University registration certificate/Continuance of provisional affiliation:
(enclosed Attested copy)

9. Physical/Clinical facilities:

a. Institution has own building: Yes No
(Enclosed xerox copy of registered Land deed of the Institution building)

b. *Name of the Parent/Own Hospital: _____

c. Total No. of Hospital Beds: _____
(Enclosed xerox copy of registered deed of the Hospital and Pollution control board certificate)

d. Total Teaching Block Area for 60 students (Figures in Sqr. Feet): _____
(Enclosed xerox copy of teaching block Blue Print attested by authorized Architect)

e. Total Hostel Block Area for 60 students (Figures in Sqr. Feet): _____
(Enclosed xerox copy of hostel block Blue Print attested by authorized Architect)

f. Total No. of Teaching Faculty: _____
(Enclosed detail list of teaching faculty)

10. Detail of Seats Enhancement for applied programme:

Sl. No.	Name of the programme	Govt. Order No. & Date	No. of Existing Seats Allotted by INC	No. of Seats Enhancement
1.	ANM			
2.	GNM			
3.	P.B.D.P			
4.	B.Sc. (N)			
5.	P.B.B.Sc.(N)			
6.	M.Sc. (N)			
7.	NPCC			

Declaration:

I, _____

hereby declare that to the best of my knowledge and belief the information and documents furnished to the Nagaland Nursing Council is true and complete. I understand that if any of the information is Found wrong, the proposal submitted will stand cancelled.

I shall abide the Rules and Regulation stated by Nagaland Nursing Council based on Indian Nursing Council.

Date: _____ Place: _____

Signature of the Applicant:

Seal of the Institution.

ANNEXURE- I

DETAIL LIST OF TEACHING FACULTY

SL. NO.	NAME OF THE TEACHING FACULTY	D.O.B	GENDER	QUALIFICATION	NAME OF THE INSTITUTION	EXPERIENCE		RNRM
						Clinical	Teaching	
1.								
2.								
3.								

**NAME & SIGNATURE WITH SEAL
(ESTABLISHMENT/ORGANIZATION)**

ANNEXURE- II

CHECK LIST

PARTICULARS	YES	NO
1. Enclosed Attested copy of Applied Nursing programme details Govt. Order No. & Date.		
2. Enclosed Attested copy of Affiliated University registration certificate/Continuance of Provisional affiliation.		
3. Enclosed xerox copy of registered Land deed of the Institution building.		
4. Enclosed Notary Attested resolution of governing body of Parent/own Hospital.		
5. Enclosed xerox copy of Registered deed of the Hospital.		
6. Enclosed xerox copy of Hospital Pollution control board certificate.		
7. Enclosed xerox copy of Total Teaching Block Blue Print attested by authorized Architect.		
8. Enclosed xerox copy Total Hostel Block Blue Print attested by authorized Architect.		
9. Enclosed detail list of teaching faculty.		
10. Enclosed Govt. Order Attested copy of Other Nursing Programme recognized by NNC functioning in the same building (if any)		

Note:

Attached Annexure I & Annexure II with the application form while obtaining No Objection Certificate for proposal of seat enhancement Nursing programme to State Government.

**Sd/-
Dr. Sentinaro Ao
Registrar**



ANNEXURE- III

Instruction:

After obtaining **No Objection Certificate** from the State Government pay the required fee's to Nagaland Nursing Council by demand draft in favour of **“THE REGISTRAR, NAGALAND NURSING COUNCIL, KOHIMA”** payable at State Bank India at Main Branch, Kohima.

1. Fee structure for Seats Enhancement:

Sl. No.	Name of the Programme	Application Fees	Fees for seats Enhancement	Annual recognition Fees	Total
1.	ANM	Rs. 1000/-	Rs. 6000/-	Rs. 6000/-	Rs. 13,000/-
2.	GNM	Rs. 1000/-	Rs. 7500/-	Rs. 7500/-	Rs. 16,000/-
3.	P.B.D.P	Rs. 1000/ -	Rs. 8500/-	Rs. 8500/-	Rs. 18,000/-
4.	B.Sc (N)	Rs. 1000/-	Rs. 10,000/-	Rs. 10,000/-	Rs. 21,000/-
5.	P.B.B.Sc.(N)	Rs. 1000/-	Rs. 10,000/-	Rs. 10,000/-	Rs. 21,000/-
6.	M.Sc. (N)	Rs. 1000/-	Rs. 15,000/-	Rs. 15,000/-	Rs. 31,000/-
7.	NPCC	Rs. 1000/-	Rs. 15,000/-	Rs. 15,000/-	Rs. 31,000/-

2. Demand Draft details:

Sl. No	Name of the Programme	Amount	Demand Draft Date	Demand Draft No.

Note: Fee's once paid is not refundable.