

# NAGALAND NURSING COUNCIL

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

Email: [registrarnnc@gmail.com](mailto:registrarnnc@gmail.com)

[www.nursingcouncil.nagaland.gov.in](http://www.nursingcouncil.nagaland.gov.in)



## FOREIGN VERIFICATION FORMS

<ul style="list-style-type: none"><li>• Write with <b>BLACK</b> Ball Pen in Capital Letters only.</li><li>• Write complete address with District, Pin-code mandatory.</li><li>• Applicant should sign in full, clearly within the Box Provided.</li><li>• Incomplete form will be rejected.</li><li>• Affix recent passport photograph with white background in 3 Nos.</li></ul>	Photo in Uniform Size (3.5x4.5 cm2)
--	-------------------------------------

### PERSONAL DETAILS

1 Name of the applicant (Block Letter) Miss  Mrs.  Sr.  Mr.

2 Father's Name:

3 Mother's Name:

4 Gender

Male  Female

5 Date of birth

d  d  m  m  y  y  y  y

6 Place of birth

6 Nationality

7 Religion

8 Marital Status

9 Aadhar Card Number

10 Pan Card Number

11 Passport Number

12 Type of Passport

13 Permanent Address

House No.

City/ Town/ District

State

Pin code

14 Present Address for correspondence:

House No.

City/ Town/ District

State

Pin code

15 E-mail Id :

# NAGALAND NURSING COUNCIL

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

Email: [registrarnnc@gmail.com](mailto:registrarnnc@gmail.com)

[www.nursingcouncil.nagaland.gov.in](http://www.nursingcouncil.nagaland.gov.in)



16 Mobile Number :

17 Registration date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

18 RNRN/RANM number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

19 Renewal date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

20 Issue date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## OVERSEAS VERIFICATION

1 Registration type

2 Country of Overseas Council

3 Overseas Council Email address

4 Overseas Council Name and Address

## FEES PAYMENT

1 Mode of payment

 Net- banking  UPI

2 Date of payment

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Time

3 Amount (in Rs.)

4 Bank Transaction Number

5 Name of the Bank

## SELF-DECLARATION

I hereby declare that the information given above is true to the best of my knowledge and that there are no instances of adverse professional conduct against me that could render me ineligible for registration as Registered Nurse/Registered Midwife with Nagaland Nursing Council.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place

Signature of Applicant:

# NAGALAND NURSING COUNCIL

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

Email: [registrarnnc@gmail.com](mailto:registrarnnc@gmail.com)

[www.nursingcouncil.nagaland.gov.in](http://www.nursingcouncil.nagaland.gov.in)



## REQUIRED DOCUMENTS

Sl. No	Documents to be submitted	Overseas verification
1	Photo of applicant (with white background passport size)	Mandatory
2	Application to Registrar Nagaland Nursing Council	Mandatory
3	Forms of respective countries	Optional
4	Nagaland Nursing Council certificate	Mandatory
5	High School Leaving Certificate	Mandatory
6	Higher Secondary School Leaving Certificate	Mandatory
7	Marksheet (all 2/3/4 marksheet or final combined marksheet issued by Examination Board/ Nursing Council/ University)	Mandatory
8	Degree/ Diploma Certificate (ANM/GNM/B.Sc.)	Mandatory
9	Any other additional qualification (i.e., LHV, P.B.B.Sc. (N), M.Sc. (N), M. Phil (N), Ph. D (N))	Optional
10	Experience certificate (if any)	Mandatory
11	Aadhar card/ Pan Card/ passport of other Countries/ work permit	Mandatory
12	Marriage Certificate	Optional
13	Still working and conduct certificate from the current Employer	Optional

### INSTRUCTION FOR THE APPLICANT

- Applications forms, completed in all respects, should be sent to the Registrar, Nagaland Nursing Council, PMTI Complex, Merhulietsa Colony, Kohima- 797001 along with fee of Rs. 3000/-
- Nagaland Nursing Council bank Account Details for payment is as follows;  
Bank Name: **UCO Bank**  
Name of account holder: **Nagaland Nursing Council** Account no: **08990110091821**  
Branch: **Kohima Branch** IFSC code: **UCBA0000899**
- Fees once paid will not be refunded under any circumstance.

### For Office Use Only

Application Checked By:

Registration fee paid vide receipt No.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature & seal of Registrar