NAGALAND NURSING COUNCIL

Application Form – INITIAL REGISTRATION
Form no- I B (ANM)

Photo in Uniform Size (3.5x4.5 cm2)

- Write with **BLACK** Ball Pen in Capital Letters only.
- Write complete address with District, Pin-code mandatory.
- Applicant should sign in full, clearly within the Box Provided.
- Incomplete form will be rejected.
- Recent passport photograph in uniform 3 Nos.

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

2 Father's Name:

3 Date of Birth: D D M M Y Y Y Y **4** Gender: ☐ Female ☐ Male

5 Marital Status: ☐ Unmarried ☐ Married **6** Nationality & Tribe:

7a. Permanent Residential Address:

7b Present Address for correspodence:

8 E-mail Id :

9 Mobile Number :

10 Qualifications : ☐ ANM

11 Name & Address of the Institution where course is completed

12 Period of Course completion: D D M M Y Y Y Y to D D M M Y Y Y Y

13 Name & Address of the University/ Board:

14 Date of qualifying Examination: D D M M Y Y Y Y

16 Mode of payment : ☐ DD ☐ Online

Date of payment : D D M M Y Y Y Y

Amount (in Rs.) :

DD No. / Transaction No.:

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 Auxiliary Nurse Midwife with Nagaland Nursing Council.

Date: D D M M Y Y Y Y Place:

Signature of Applicant:

CERTIFICATION OF ATTESTATION

We certify that we are personally acquainted with Ms./Mr._____ D/O W/O S/O _____whose photograph is attested & affixed on this form. She/he undertook a program of nursing studies at _____. She/he passed the (ANM) _____ examination in the year _____ and as per records; she/he bears a good moral character.

NAGALAND NURSING COUNCIL

Name of Principal

Seal of the institution Place Date D D M M Y Y Y Y

INSTRUCTION FOR THE APPLICANTS

1. Application form will be accepted only when it is enclosed with self-attested photocopy of;
   a. Provisional certificate of ANM.
   b. Final year Marksheet of ANM.
   c. HSLC Admit card.
   d. Residential proof certificate/ Permanent Residential Certificate (PRC)
   e. Aadhar card/Pan card.
2. The individual form should be original i.e., coloured print and as mention in the form the photograph should be in colored, the size 3.5x4.5 cm2 (other size will not be acceptable)
3. Applications forms , completed in all respects , should be sent to the Registrar , Nagaland Nursing Council, PMTI Complex, Merhulietsa Colony, Kohima- 797001 along with registration fee of Rs. 2000 /- for ANM respectively.
4. For Demand Draft, payment can be made in favour of "Registrar, Nagaland Nursing Council" payable at "Kohima" from any Nationalized Bank of India and it is mandatory to write "Name, Address, Phone No . and E-mail ID" on the back side of the Bank draft.
5. Cash Payment can be done at the Nagaland Nursing Council Office during submission of forms. ***Note: Fees once paid will not be refunded under any circumstance***

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For Office Use Only

Application Checked By:

Registration fee paid vide receipt No. Date D D M M Y Y Y Y

Registration Number Allotted:

Date : D D M M Y Y Y Y

Signature & seal of Registrar