# NAGALAND NURSING COUNCIL

**Application Form – RECIPROCAL REGISTRATION**
**Form no- II A (B.Sc.(N) & GNM)**

Photo in Uniform Size (3.5x4.5 $cm^2$)

- 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)

**2** Father's Name:

**3** Mother's Name:

**4.** Marital Status: ☐ Married ☐ Unmarried **5.** Gender: ☐ Female ☐ Male

**6.** Nationality & Tribe:

**7.** Date of Birth:

D D M M Y Y Y Y

**8a.** Permanent Residential Address:

**8b.** Present Address for correspondence:

**9.** E-mail Id :

**10.** Mobile Number :

**11.** Qualifications : ☐ GNM ☐ B.Sc. (N)

NAGALAND NURSING COUNCIL ESTD : 2020 STANDARD PROTECTION SERVICE

**12.** Name & Address of the Institution where course is completed

**13.** Period of Course completion: M M Y Y Y Y to M M Y Y Y Y

**14.** Name & Address of the University/ Board:

**15.** Name of the Parent Council with RNRM No.:

**16.** Name & Address of the Employer (if working presently)

**17.** Previous Employment details

| Place of Employment | Designation | From | To |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**18.** Mode of payment : ☐ DD ☐ Online

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

Amount (in Rs.) :

# NAGALAND NURSING COUNCIL

DD No. /Transaction No.:

Name of the Bank :

## SELF-DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of knowledge and belief. I clearly understood that in case of any irregularities found in information furnished by me, the Council shall have every right to cancel/suspend my registration No. at any time. Further, I undertake to abide by the Nagaland Nursing Council Act & Rules and code of conduct & ethics of Nursing Council.

Date: D D M M Y Y Y Y

Place:

Signature of Applicant:

## INSTRUCTION FOR THE APPLICANTS

1. Original copy of Nursing Registration Certificate to be submitted.
2. Application forms will be accepted only when it is enclosed with self-attested photocopy of;
   a. Diploma/Degree certificate from the respective University/Board.
   b. Final year Marksheet of B.Sc. Nursing/GNM.
   c. HSLC Admit card/Birth certificate.
   d. Residential proof certificate.
   e. Aadhar card and Pan card.
3. The individual form should be in original i.e., colored print and as mention in the form the photograph should be in colored with white background, the size 3.5 x 4.5 $cm^2$ (other size will not be acceptable).
4. 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. 1500/- for B.Sc.(N)/ GNM respectively.
5. For Demand Draft, payment should 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.
6. For Online payment, bank details is as follows; Bank Name**: UCO Bank**
   Name of account holder**: Nagaland Nursing Council**
   Account no**: 08990110091821** Branch**: Kohima Branch** IFSC code**: UCBA0000899**

*****Note: Fees once paid will not be refunded under any circumstance.***

## For Office Use Only

Application Checked By:

Registration Number Allotted:

Date : D D M M Y Y Y Y

**Signature & seal of Registrar**