NAGALAND NURSING COUNCIL

Application Form – RECIPROCAL REGISTRATION
Form no- II 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: M M Y Y Y Y to M M Y Y Y Y

13 Name & Address of the University/ Board:

14 Name of the Parent Council with RANM No.:

15 Name & Address of the Employer (if working presently)

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 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.

NAGALAND NURSING COUNCIL

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

Signature of Applicant: | |

INSTRUCTION FOR THE APPLICANTS

1. Original 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
   e. Residential proof certificate/ Permanent Residential Certificate
   f. Aadhar card/Pan card
   g. Employment ID card

ESTD : 2020

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. 1000/- for ANM respectively.
4. 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.
5. 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 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