NAGALAND NURSING COUNCIL

ADDITIONAL QUALIFICATION REGISTRATION FORM

Photo in Uniform Size (3.5x4.5 cm)

- 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 2 Nos.

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

2 Father's Name:

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

5. Nationality & Tribe:

6. Date of Birth:

7. Permanent Residential Address:

8. Present Address for correspondence:

9. E-mail Id :

10. Mobile Number :

11. Qualifications : ☐ Ph D (N) ☐ M. Phil ☐ M Sc (N) ☐ B Sc (N)

☐ P. B. Bsc (N) ☐ GNM ☐ Diploma (others)- Specify the subject below:

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

13. Period of Course completion: From:

To:

14. Name & Address of the University/Board:

15. Are you registered in any other State Nursing Council? ☐ Yes ☐ No

a. If yes, which State Nursing Council? (Name and Address of the Council):

b. Provide the Additional registration No. & date of registration.

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

17. Mode of payment : ☐ Cash ☐ Online

Receipt No.: Transaction No.:

18. Date of payment :

Amount :

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: Place:

Signature of Applicant:

INSTRUCTION FOR THE APPLICANTS

1. Original copy of Additional Qualification Registration Certificate to be submitted.
2. Application forms will be accepted only when enclosed with self-attested photocopy of:
   a. Copy of RNRM/RANM registration certificate from respective Nursing Council.
   b. Certificate of Additional Qualification from respective University/ Board.
   c. Final year Marksheet of Additional Qualification.
   d. Employment ID Card
   e. Aadhar card and Pan card.
3. The individual form must be submitted in its original-colored print. The photograph, as specified, should be a colored image with a white background, measuring 3.5 x 4.5 cm. Photographs in any other size will not be accepted.
4. Completed application forms must be submitted to the Nagaland Nursing Council, PMTI Complex, Merhulietsa Colony, Kohima – 797001.
5. Additional Qualification Registration Fee: Rs. 3000/-
6. Bank details for online payment:

Bank Name : UCO	**Name of account holder : Nagaland Nursing Council**
Account no : 08990110091821	**Branch : Kohima**
IFSC code : UCBA0000899	

******Note: Fees once paid is non-refundable***.***

For Office Use Only

Application Checked By:

Registration Number Allotted:

Date :

D D M M Y Y Y Y

Signature & seal of Registrar