NAGALAND NURSING COUNCIL

PMTI Complex, Merhulietsa Colony, Kohima- 797001, Nagaland.
Email: registrarnnc@gmail.com
www.nursingcouncil.nagaland.gov.in

REGISTRATION FORM (FOREIGN NATIONAL)

- Write with **BLACK** Ball Pen in Capital Letters only.
- Applicant should sign in full, clearly within the Box Provided.
- Incomplete form will be rejected.
- Affix one recent passport photograph with white background.

Recent Passport Photograph (4.5x3.5) cm

PERSONAL DETAILS

1. Name of the applicant (Block Letter)

Miss ☐ Mrs. ☐ Sr. ☐ Mr. ☐ Dr. ☐

2. Father's Name:

3. Mother's Name:

4. Gender: Male ☐ Female ☐

5. Date of Birth: (DDMMYYYY) ☐☐ ☐☐ ☐☐☐☐

6. Place of birth

7. Religion

8. Marital Status

9. Passport number

10. Type of Passport

11. Permanent Address with Pin Code

12. Address for correspondence

13. E-mail Id.

14. Mobile Number

REGISTRATION DETAILS (PARENT COUNCIL)

1. Qualification **GNM** ☐ **B. Sc. (N)** ☐ **M. Sc. (N)** ☐

2. Name & address of the Institution:

3. Present Designation

4. Registration Number

5. Date of Registration

6. Registered Council Name & Address

PAYMENT OPTIONS

1. Mode of payment Online ☐ Cash ☐

Transaction No.

Bank Name

Receipt/Voucher No.

2. Amount ₹

In words

SELF-DECLARATION

I hereby declare that the information furnished 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 the Nagaland Nursing Council.

Date ☐☐ ☐☐ ☐☐☐☐ Place

Signature of the Applicant

REQUIRED DOCUMENTS

1. Photo of the applicant (3 passport size, white background)
2. Application to Registrar, Nagaland Nursing Council
3. Copy of Registration Certificate
4. Birth Certificate
5. Diploma/ Degree Certificate
6. Transcript
7. Experience Certificate (if any) optional
8. Approval letter from Indian Nursing Council
9. Passport/Work Permit

INSTRUCTION FOR THE APPLICANT

1. 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 ₹5000/-
2. Bank Name: UCO Bank
   Name of account holder: Nagaland Nursing Council
   Account no: 08990110091821
   Branch: Kohima Branch
   IFSC code: UCBA0000899
3. Fees once paid is non-refundable under any circumstances

For Office Use Only

Application Checked By:

Registration fee paid vide Transaction/ Receipt/ Voucher No.

Date ☐☐ ☐☐ ☐☐☐☐

Seal & Signature of the Registrar