FOREIGN VERIFICATION FORM

Photo in Uniform

(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.

PERSONAL DETAILS

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

2. Father's Name:

3. Mother's Name:

4. Marital Status: ☐ Married ☐ Unmarried

5. Gender: Female ☐ Male ☐

6. Date of Birth (dd/mm/yyyy):

7. Religion:

8. Aadhar Card Number:

9. Pan Card Number:

10. Passport Number:

11. Type of Passport:

12. Permanent Address:

13. Present Address for correspondence:

14. E-mail Id :

15. Mobile Number :

16. Registration Date (dd/mm/yyyy):

17. RNRM/RANM Number:

18. Renewal date: 19. Issue date:

OVERSEAS VERIFICATION

1. Registration type:

2. Country of Overseas Council:

3. Name & Address of the Institution where course is completed:

4. Period of Course completion (DD/MM/YYY): to

5. Overseas Council Name and Address:

FEES PAYMENT

6. Mode of payment : UPI ☐ Net-banking ☐
7. Date of payment (dd/mm/yy) :
8. Amount :
9. Transaction No. :
10. 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 Nurse/Registered Midwife with Nagaland Nursing Council.

Date of payment (dd/mm/yy) :

Place: Signature of the applicant:

REQUIRED DOCUMENTS

1	Photo of applicant (with white background passport size)	Mandatory
2	Application to Registrar Nagaland Nursing Council	Mandatory
3	Forms of respective countries	Optional
4	Nagaland Nursing Council certificate	Mandatory
5	High School Leaving Certificate	Mandatory
6	Higher Secondary School Leaving Certicate	Mandatory
7	Marksheet (all 2/3/4 marksheet or final combined marksheet issued by Examination Board/ Nursing Council/ University	Mandatory
8	Degree/ Diploma Certificate (ANM/GNM/B.Sc.)	Mandatory
9	Any other additional qualification (i.e., LHV, P.B.B.Sc. (N), M.Sc. (N), M. Phil (N), Ph. D (N)	Optional
10	Experience certificate (if any)	Mandatory
11	Aadhar card/ Pan Card/ passport of other Countries/ work permit	Mandatory
12	Marriage Certificate	Optional
13	Still working and conduct certificate from the current Employer	Optional

INSTRUCTION FOR THE APPLICANTS

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 Rs. 3000/-
2. Bank Account Details for online payment:
   Bank Name : **UCO Bank**
   Name of account holder : **Nagaland Nursing Council**
   Account no : **08990110091821**
   Branch : **Kohima Branch**
   IFSC code : **UCBA0000899**
3. Fees once paid will not be refunded under any circumstance.

For Office Use Only

Application Checked By: _____

Registration fee paid vide receipt No.: _____

Date (dd/mm/yyyy): _____

Signature & seal of Registrar