NAGALAND NURSING COUNCIL

NO OBJECTION CERTIFICATE FORM (NOC)

- Write complete address with District, Pin-code mandatory.
- Applicant should sign in full, clearly within the Box Provided.
- Incomplete form will be rejected.
- Affix recent passport photograph in uniform with white background.

Photo in Uniform Size (3.5x4.5 cm)

Registration No:

Registration Issued Date:

Last Renewal Date:

Name of the Applicant:

Date of Birth:

Father's Name:

Present Address for correspondence:

Valid Mobile No:

E-mail Id:

Basic Qualification:

Additional Qualification (If Applicable):

Purpose for NOC : ☐ Higher Studies ☐ Job ☐ Others

Mention the name and complete address of the State Nursing Council you want NNC to send the NOC

Mode of payment : Cash ☐ Online ☐

Date of payment:

Amount (in Rs.) :

If Online: a)Transaction No.

b) 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 No Objection Certificate from Nagaland Nursing Council.

Date: Place:

Signature of Applicant:

INSTRUCTION FOR THE APPLICANTS

1. Enclose the original Registration Certificate issued by the Nagaland Nursing Council.
3. Submit a photocopy of both sides of the Aadhaar Card on a single page.
4. The applicant's registration with the Nagaland Nursing Council must be valid when applying for the NOC.
5. NOC Fee Rs. 300/-.

Bank details for online payment:

Bank Name : UCO
Account number : 08990110091821
IFSC code : UCBA0000899
Name of account holder : Nagaland Nursing Council
Branch : Kohima