NAGALAND NURSING COUNCIL

PRIMARY REGISTRATION FORM
B.Sc.(N), GNM, ANM

- 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.

Photo in Uniform Size (3.5x4.5 cm)

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. Nationality & Tribe:

7. Date of Birth: D D M M Y Y Y Y

8a. Permanent Residential Address:

8b. Present Address for correspondence:

9. E-mail Id :

10. Mobile Number :

11. Qualifications : ☐ B. Sc. (N) ☐ GNM ☐ ANM

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

13. Period of Course completion: M M Y Y Y Y to M M Y Y Y Y

14. Name & Address of the University/Board:

15. Date of qualifying examination : D D M M Y Y Y Y

16. Mode of payment : ☐ Cash ☐ Online

Receipt No. : Transaction No.:

17. Date of payment : D D M M Y Y Y Y

Amount :

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 Midwifery/ Registered Auxiliary Nurse Midwife with Nagaland Nursing Council..

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

Signature of Applicant:

CERTIFICATION OF ATTESTATION

We certify that we are personally acquainted with Ms/Mrs. …….. D/O WO/ S.O…….. whose photograph is attested & affixed on this form. She/he passed the (B.Sc.(N)/GNM/ANM) ……. Examination in the year …… and as per records, she/he bears a good moral character.

Name of the Principal

Seal of the Institution **Place** **Date:**

D	D	M	M	Y	Y	Y	Y

INSTRUCTION FOR THE APPLICANTS

1. Application form will be accepted only when it is enclosed with self-attested photocopy of:
   a. HSLC Admit card/Birth certificate.
   b. Final year Marksheet of B.Sc. Nursing/GNM/ANM.
   c. Completion Certificate.
   d. Pass/Diploma/Provisional certificate of B.Sc. Nursing/GNM/ANM.
   e. ST/ Indigenous Certificate.
   f. Aadhar card and Pan card.
2. 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.
3. Completed application forms must be submitted to the Nagaland Nursing Council, PMTI Complex, Merhulietsa Colony, Kohima – 797001.
4. Registration Fees - Rs. 3000/-
5. 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