NAGALAND NURSING COUNCIL

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

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: D D M M Y Y Y Y

7. Permanent Residential Address:

8. 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. Registration No. & Date under Nagaland Nursing Council:

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

17. Mode of payment : Cash Online

Receipt No. : Transaction No.:

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

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: D D M M Y Y Y Y Place:

Signature of Applicant:

INSTRUCTION FOR THE APPLICANTS

1. Original copy of Nursing Registration Certificate to be submitted.
2. Application forms will be accepted only when enclosed with self-attested photocopy of:
   a. Xerox copy of CNE Pass Book and relevant certificates.
   b. 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. Registration Fees – Rs. 1000/-
6. Total CNE Credit Points Required for Renewal of Registration – 30 Points (150 CNE Credit hours).
7. 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