

RENEWAL 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.
- Recent passport photograph in uniform 2 Nos.

- Page 1

NAGALAND NURSING COUNCIL

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

[illegible]

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:

[illegible]

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

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

[illegible]

17. Mode of payment

7

Cash

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Online

Receipt No.

Transaction No.:

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-

18. Date of payment

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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:

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D	D	M	M	Y	Y	Y	Y

Place:

Signature of Applicant:

NAGALAND NURSING COUNCIL

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. 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.
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. 500/-
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:

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Registration Number Allotted:

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Date :

D	D	M	M	Y	Y	Y	Y

Signature & seal of Registrar