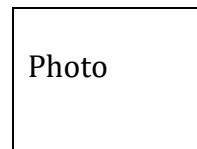


H.P.NURSES REGISTRATION COUNCIL, PRIYADARSHINI APARTMENT BOTH VILLA LODGE,
NEAR GOVT. DENTAL COLLEGE BUILDING, IGMC, SANJAULI ROAD, SHIMLA-1.
APPLICATION FORM FOR REGISTRATION OF GENERAL NURSE, MIDWIFE, B.SC NURSING,
FHW, FHS, TRAINED DAI.

To,

The Registrar,
H.P. Nurses Registration Council,
IGMC, Shimla-171001,



Madam,

It is requested that my name be registered under Act. HPNRC 15 of 1978 with the H.P. Nurses Registration Council as a B. Sc Nursing/ GNM/ANM/FHW/FHS and trained Dai duly completed necessary documents along with account payees through **Bank Slip No**.....For Rs.....is enclosed as registration fee, deposited on dated.....

Yours Faithfully,

Signature.....

Name of the applicant.....

Address.....

.....

Cont no. of the candidate.....

List of Documents requires for the registration of ANM/GNM/B.Sc N./FHS/T.Dai.

- APPLICATION FORM OF HPNRC FILLED BY CANDIDATE AND TRG.INSTT. AUTHORITY.
- 5 COPIES OF PASS PORT SIZE PHOTOGRAPH FOR B.Sc (N), GNM & ANM.
- NO OBJECTION CERTIFICATE FROM PREVIOUS REGISTRAR OF THE COUNCIL.
- ATTESTED COPY OF REGISTRATION CERTIFICATE OF PREVIOUS COUNCIL.
- 10th AND 10 +2 CERTIFICATES FOR ANM/GNM/B.SC (N).
- 1ST Year, 2NDYear MARKSHEET FOR ANM.
- 1ST, 2ND, 3RD YEAR D.M.C. FOR GNM AND 4TH YEAR MARKSHEET FOR B.SC (N).
- DIPLOMA / DEGREE.
- **COURSE COMPLETION CERTIFICATE FROM TRAINING INSTITUTE.**
- **RELIEVING CERTIFICATE FROM TRAINING INSTITUTE.**
- **CHARACTER CERTIFICATE FROM TRAINING INSTITUTE.**
- BONAFIDE HIMACHALI AS A D/O./W/O
- **AADHAAR CARD**
- RS. 1050/- AS REGISTRATION FEES THROUGH CHALAN SLIP WILL BE DEPOSITE ONLY IN SBI, NEAR HPNRC OFFICE.**(for outside trained candidate)**
- RS. 1000/- AS REGISTRATION FEES THROUGH CHALAN SLIP WILL BE DEPOSITE ONLY IN SBI, NEAR HPNRC OFFICE.**(for Inter-state trained candidate (ANM & GNM)**
- RS. 1050/- AS REGISTRATION FEES THROUGH CHALAN SLIP WILL BE DEPOSITE ONLY IN SBI, NEAR HPNRC OFFICE.**(for Inter-state trained candidate (B.Sc Nursing)**
- **Recognition letter of Indian Nursing Council for the training session**
- **BRING ALL ORIGINAL CERTIFICATES FOR VERIFICATION.**

NOTE: - Candidate should be present personally at the time of Registration from 10 A.M. To 3 P.M. Positively along with all original required documents only twice in a week i.e. TUESDAY&FRIDAY . Documents submission timing 10:00 am to 1:00 P.M.

P.T.O.

PARTICULARS OF THE CANDIDATE

- 1. Applicant’s Full Name (In Block Letters).....
- 2. Father’s Name.....
- 3. Marital Status.....Single/ Married/ Widow.....
- 4. Name of Husband (If Married).....
- 5. Date of Birth/ Place of Birth.....
- 6. Nationality.....
- 7. Postal Address of Permanent Residence.....
.....
- 8. I took training of.....
For a period of.....year.....Months.....From.....to.....
and qualified the examination in the year.....

I hereby declare that (i) the information given above is true and (ii) I know of no circumstances reflecting my character of professional conduct which could render me in eligible for acceptance on the register.

Date: -

Place: -

Signature of the Applicant

Certified that the information given above is true to the best of my knowledge Ms./Mr.
.....Daughter/Wife/Son.....un
derwent the training of.....At.....
.....from.....to.....

And duly qualified/successfully completed her training for final examination held in the month ofHer Roll Number for the final examination was.....

Countersigned

C.M.O./S.M.O./M.S.
Govt. Nursing School with Seal

Principal of Training
Institute/Nursing School with Seal

Director/Chairman/Vice-Principal
Private Nursing School with Seal

Date:-

Place:-

**NOTE: - Countersigned by above mentioned authorities is mandatory for registration
Otherwise R.N. and R.M. will not be issued.**