

## ASSAM NURSES' MIDWIVES' & HEALTH VISITORS' COUNCIL

Six Mile, Khanapara, Guwahati-781022, Assam Website: www.assamnursingcouncil.com e-mail:assamnursingcouncil@gmail.com

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## APPLICATION FOR RECIPROCAL REGISTRATION

- Write with Ball Black Pen in Capital Letters only.
- Write complete address with District, Pin-code mandatory.
- Applicant should sign in full, clearly within the Box Provided.
- Incomplete form will be rejected.
- Application form should fill up by the applicant's own handwriting.

Recent passport size photo with proper uniform preferably white light background

<del>-</del>					
1. Name in Full: Miss Mrs. Sr. Mr. Others Please tick (✓) as appropriate.					
2. Father's / Husband's Name:					
3. Date of Birth  4. Duration of GNM / B.Sc (N)/ANM Course					
From From From					
Day Month Year Month Year Month Year					
5. Caste: 7. Sex: Male Female					
8. Marital Status: Married Single Others					
9. Name and Address of the Training School / College:					
10. Year of Passing Last final Examination (Month / Year):					
11. Registration Details:					
a) Name of the Council to which registered:					
b) Registration No:					
12. Reason for migration:					
13. Permanent Residential Address:					
Contact No:E-mail ID (if any):					
14. Corresponding Address:					
The Corresponding Fluid cost.					
Contact No:E-mail ID (if any):					

15. Current Employment Detail (Mentioned designation, Name of the Address of the employer with phon	he authority along with				
16. Payment Details: (To be fill Amount:Onli			ha Dank		
AmountOmi	ne rayment 1D	Name of the	ne dank		
17. Fees details (Reciprocal)	: B.Sc. (Nsg.)	` 3200/-			
	GNM	` 2200/-			
				Applicant's full signature	
	DECLARA	ATION BY THE	APPLICANT		
I (Name in full)					
	hereby apply to be adm				
17 of Assam Nurses' Midwives' an	d Health Visitors Regis	stration Act 1944& 1953	. I had undergone	course in the	
	and passed	d the final exar	mination in	held by the	
	University/ P	Board during the year	I hereby un	dertake that if I am admitted to	
the Register, I will be in the practi	ce of my profession as	Nurse/ Midwives/ Heal	th visitors observing the norm	ns and bounded by the rules and	
regulations issued by the council a	s far as they affect me.	If the Council at any tim	ne find me a defaulter and after	er due enquiry order by the name	
to be removed from the Register ar	nd I will return my certi	ificate to the Registrar of	f the concerned Council.		
Date:					
Place:		Applicant's full Signature			

## INSTRUCTION FOR THE APPLICANTS

- 1. Application form will be accepted only when it is enclosed with attested true copy of:-
  - Diploma/Degree Certificate of B.Sc. Nurses /ANM/GNM.
  - Mark sheet of B.Sc. Nursing/GNM/ANM Course.
  - B.Sc. Nurse/G.N.M/A.N.M Registration Certificate.
  - <u>No Objection Certificate</u> issued by the concern <u>Nursing Council</u>.
  - Passport size photo with proper uniform duly attested by Principal/Principal Nursing Officer (PNO) of the concerned Nursing Institution in the application form and submit 4 copies without attested with standard size i.e. 3X4 cm<sup>2</sup>.
  - H.S.L.C. Admit Card.
  - Residential Address proof: Govt ID/Ration Card/Voter Card/Passport.
  - PAN CARD (MANDATORY)
- 2. Application form, completed in all respects, should be sent to the Registrar, Assam Nurses' Midwives' & Health Visitors' Council, Six Mile, Khanapara, Guwahati-781022, Assam along with registration fee (refer to the fee details).
- 3. Registration will be valid for 5 (Five) years only. It will then stand lapsed. The registration fee has to be paid in one time and not in instalments.
- 4. Payment should be made only through Online Payment, link is in the Website (www.aasamnursingcouncil.com).
- 5. The Certificate is/are to be received only by the applicant or by an authorised person duly permitted by the concerned Head of the Institution.
- 6. Online payment receipt should be submitted along with this form.