

HARYANA NURSES AND NURSE-MIDWIVES COUNCIL

S.C.O. No. 4, 2nd floor, Sector 16, Panchkula, Ph.: 0172-2972599

REGISTRATION FORM

PASTE ONE
PASSPORT SIZE
PHOTO DULY
ATTESTED BY THE
PRINCIPAL TUTOR
OF HER/HIS
TRAINING SCHOOL /
COLLEGE

(For Office Use Only)

Regn. No. _____

Dated _____

(Name and Address shall be written in **BLOCK LETTERS**)

1. Applicant's Full Name _____
2. Father's Name _____
3. Date of Birth (Attach attested copy of metric certificate) _____
4. Nationality _____
5. Postal Address of permanent residence _____

6. Residence Telephone No. _____ Mobile No. _____
7. My name be registered as a _____ under the
Haryana Nurses and Nurse Midwives Act, 2017.
8. I took my training as a G.N.M. / A.N.M. / M.Sc. Nursing / B.Sc. Nursing / Post Basic
Nursing / Midwife / D.N.E.A. / Nurse name of School/College _____
_____ for a period of _____ years.
I joined in _____ and completed in _____.
9. I passed the previous Council/University _____
Nurses Registration Council qualifying examination in the month of
_____ under Roll No. _____.
10. The Registration fee of Rs. _____ is sent by Bank Draft No. _____ dated
_____ in the favour of the Registrar, Haryana Nurses and Nurse-Midwives
Council.
11. I hereby declare that I know of no circumstances reflecting on my character or
professional conduct which would render me ineligible for acceptance on the register.

Dated _____

Signature of applicant

THIS FORM MUST BE ATTESTED BY THE CONCERNED NURSING TRAINING SCHOOL/COLLEGE

I certify that I am personally acquainted with _____

S/o / D/o _____ He / She passed _____

examination held in _____.

Signature of certifying authorities:-

1) Principal Tutor _____

2) Tutor _____

Address of School/College _____

Dated _____

School /College Seal _____

P.T.O.

IMPORTANT NOTICE

- (i) Registration fee is as under:-
- | | |
|---|--------|
| (1) M.Sc. Nursing | 2000/- |
| (2) B.Sc. Nursing | 2000/- |
| (3) Post Basic Nursing | 2000/- |
| (4) G.N.M. | 1500/- |
| (5) A.N.M. | 1500/- |
| (6) Midwife | 1000/- |
| (7) Diploma in Nursing Education & Administration | 1000/- |
| (8) Nurse | 400/- |
- (ii) **Registration fee is not refundable whether the registration form is accepted or rejected.**
- (iii) **A candidate trained in another State or Country must submit the original Registration Certificate of that State or Country concerned before his/her name can be accepted for registration alongwith two Photostat attested copies.**
- (iv) **A candidate must attach the Photostat attested copies of all mark sheets of M.Sc. Nursing/B.Sc. Nursing/Post Basic Nursing/G.N.M./A.N.M./Midwife/D.N.E.A./Nurse.**
- (v) **A candidate must attach the Photostat attested copy of degree/provisional degree for M.Sc. Nursing/B.Sc. Nursing/Post Basic Nursing registration.**
- (vi) **A candidate must attach the Photostat attested copy of Aadhar Card.**
- (vii) **Photostat copies of any certificate to submit with the registration form must be attested.**