

HARYANA NURSES AND NURSE-MIDWIVES COUNCIL

Plot No. 09, DHL Square, 4th floor, Sector-22, HSIIDC, IT Park, Panchkula

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. Mobile No. _____ Email ID: _____
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 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) NPCC	2000/-
(5) G.N.M.	1500/-
(6) A.N.M.	1500/-

(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 along with two Photostat self attested copies.

(iv) A candidate must attach the Photostat self 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 self attested copy of degree/provisional degree for M.Sc. Nursing/B.Sc. Nursing/Post Basic Nursing registration.

(vi) A candidate must attach the Photostat self attested copy of Aadhar Card.

(vii) Two passport size photograph of the candidate must be attached with the registration form (one photograph attested & one photograph without attested.) Passport size photo requirement as follow:-

- ◆ Photo against white background.
- ◆ Straight face.
- ◆ No Cap, No Mask, No Duppatta on head, No fashion goggles.
- ◆ Regular spectacles are worn by the candidates are acceptable.