

# **AFFIDAVIT**

I \_\_\_\_\_ D/o s/o Sh. \_\_\_\_\_ resident of \_\_\_\_\_, do hereby solemnly declare as under:-

1. Name of Registrant : \_\_\_\_\_
2. Course Name : \_\_\_\_\_
3. Training period : From \_\_\_\_\_ To \_\_\_\_\_
4. Institute Name : \_\_\_\_\_
5. Type of registration : Examination or Endorsement
6. Language of the nursing examination : \_\_\_\_\_
7. Number of examination attempts : \_\_\_\_\_
8. Exam covered : Medical, surgical, pediatric, obstetric, psychiatric
9. Date when applicant successfully completed the examination - \_\_\_\_\_
10. Nursing program was officially recognized, approved or accredited by: - \_\_\_\_\_
  - (a) Date program was initially approved : \_\_\_\_\_
  - (b) Date of most recent approval : \_\_\_\_\_
11. Title of registration/license : \_\_\_\_\_
12. Haryana nursing registration number : \_\_\_\_\_
13. Registration Date : \_\_\_\_\_
14. Type of program completed :  Registered Nurse  Registered Practical Nurse
15. Status of applicant's registration :  Active  Inactive
16. This is lifetime practice registration:  yes  no
17. Date of registration expires : \_\_\_\_\_
18. Does this registrant have any physical/mental condition, disorder and/or addiction impairing his/her ability to practice as a nurse, or another profession? : yes or no
19. That my registration was not suspended :  yes  no  
My registration number was not involved in any malpractices as per the Indian penal code till date.

Verification

Deponent

Verification that the contents of this affidavit are true to the best of my knowledge and believe.

Place:-

Deponent