

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

Instruction for Applicants

APPLICATION FOR PRIMARY REGISTRATION

- Write with Black Ball Pen in Capital Letters only.
- Write complete address with District, Pin-code mandatory.
- Applicant should sign in full, 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

1. Name of the Applicant : Miss	Mrs. Sr. Mr. Dr. Others
2. Permanent Residential Address:	
Mobile No.	Landline No
3. Corresponding Address:	
Mobile No.	Landline No.
_	authority along withaumber and email ID)
	or : Original Provisional Duplicate Change of Name
b. Type of Registration	: Primary
c. Institution from where course is completed	(Original and Xerox copy should be produced with name of the institution in which traine and year, month, date of entrance and date of completion should be specified separatel for basic qualification, Degree and Post-Graduate qualification with a certification from head of the institution duly signed & stamp.)
d. Description of Qualification	: ANM GNM LHV DPN B.Sc.(N) PB. B.Sc.(N) Degree/Diploma after PG M. Phil(N) Ph. D. (N)
6. Period of Training /Degree.	
From Day Month	Year Day Month Year

7. Date of Birth	8.	Caste:			Nat	ionality:		
D D M M Y Day Month	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
10. Sex: Male Fe	male 11. M	Iarital Stat	us: Married [Single	Othe	rs 🗌		
12. Are you registered If yes, which state	•	0		<u> </u>	he council).			
13. Provide the RN,	RM Nos. & dat	e of regis	tration.					
a. RN No			RM	И No				
b. Date of last re	egistration							
(Attached Registra	tion /diploma Cer	tificate wit	h a Xerox cop	y)				
14. Payment Details	: (To be filled in	n by the ap	oplicant)					
Name of the Ban	ık							
Amount:	Deman	d Draft N	0	Date				
15. Fees details:	B.Sc. (Nsg.)	₹ 3000/-	LHV	₹ 1000/-				
	GNM	₹ 2000/-						
	ANM	₹ 2000/-						
(Fees to be paid only a				ssam Nurses	s Midwives	& Health V	Visitors Council" payable	
at Guwahati from any								
Place:								
Date:								
					Appli	cant's full	signature	
	1	DECLAR.	ATION BY T	THE ADDI	ICANT			
I (Name in full)	_					of		
1 (I vaine in Iun)							_hereby apply to be	
admitted to the Pagi							on 17 of Assam Nurses'	
9					` ´		ii 17 01 Assain Nuises	
	Q				· ·		final examination	
					_			
							niversity/ Board during	
							ill be in the practice of	
•				_			ided by the rules and	
regulations issued b	by the Council.	If the Co	ouncil find i	me a defau	ulter after	due enqu	uiry my name may be	
removed from the R	egister and I wil	ll return n	ny certificate	to the Reg	gistrar of th	ne concerr	ned Council.	
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			,			nt's full S		
					11			
Documents required Check List	d for Additional Re	gistration to	be submitted	are as follow	<u>'S:</u>			
Passport Size pho	oto 3 Nos. (preferal		ckground with	proper unifo	orm.			
	d (Xerox/photo-cop ate (Xerox/photo-c							
Diploma Certificate (Xerox/photo-copy). Registration Certificate (Xerox/photo-copy).								
Additional qualification i.e. PB.BSc./M.Sc./Ph.D/DPN etc. whichever is applicable (Xerox/photo-copy)								
Identity proof with whichever is application	th Address. i.e. Go		oter ID/Bank P	assbook/Pass	sport etc			
	ith requisite fees as		the application	n fees.				

N.B. Please bring a xerox copy of fillup application form & demand draft