

HIMACHAL PRADESH NURSES REGISTRATION COUNCIL, OPPOSITE AMARTEX, NEAR LUXMI NARAYAN TEMPLE, SANJAULI SHIMLA-6, H.P.

**APPLICATION FORM FOR REGISTRATION OF GENERAL NURSE, MIDWIFE, B.SC NURSING, FHW, FHS, TRAINED DAI.**

To,

The Registrar,  
H.P. Nurses Registration Council,  
IGMC, Shimla-171006,

Madam,

3 passport size photograph attested by Principal
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It is requested that my name be registered under Act. HPNRC 15 of 1978 with the H.P. Nurses Registration Council as a B. Sc Nursing/ GNM/ANM/FHW/FHS and trained Dai duly completed necessary documents along with account payees through **SBI BANK, Slip no.....**For Rs. **1000/- OR 1050/-** is enclosed as registration fee, deposited on dated.....

Yours Faithfully,

Signature.....

Name of the applicant.....

Address.....

Cont no. of the candidate.....

**List of Documents requires for the registration of ANM/GNM/B.Sc N./FHS/T.Dai.**

- APPLICATION FORM OF HPNRC FILLED BY CANDIDATE AND TRG.INSTT. AUTHORITY.
- 5 COPIES OF PASS PORT SIZE PHOTOGRAPH FOR B.Sc (N), GNM & ANM.
- NO OBJECTION CERTIFICATE FROM PREVIOUS REGISTRAR OF THE COUNCIL.
- ATTESTED COPY OF REGISTRATION CERTIFICATE OF PROEVIOUS COUNCIL.
- 10<sup>th</sup> AND 10 +2 CERTIFICATES FOR ANM/GNM/B.SC (N).
- 1<sup>st</sup> Year, 2<sup>nd</sup>Year MARKSHEET FOR ANM.
- 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> YEAR D.M.C. FOR GNM AND 4<sup>th</sup> YEAR MARKSHEET FOR B.SC (N).
- DIPLOMA / DEGREE.
- **COURSE COMPLETION CERTIFICATE FROM TRAINING INSTITUTE.**
- **RELIEVING CERTIFICATE FROM TRAINING INSTITUTE.**
- **CHARACTER CERTIFICATE FROM TRAINING INSTITUTE.**
- BONAFIDE HIMACHALI AS A D/O./W/O
- **AADHAAR CARD**
- RS. 1050/- AS REGISTRATION FEES THROUGH ONLINE (SBI COLLECT) **.(for outside trained candidate)**
- RS. 1000/- AS REGISTRATION FEES THROUGH THROUGH ONLINE (SBI COLLECT) **(for Inter-state trained candidate (ANM & GNM)**
- RS. 1050/- AS REGISTRATION FEES THROUGH CHALAN SLIP WILL BE DEPOSITE ONLY IN SBI, NEAR HPNRC OFFICE.**(for Inter-state trained candidate (B.Sc Nursing)**
- **Recognition letter of Indian Nursing Council for the training session**
- **BRING ALL ORIGINAL CERTIFICATES FOR VERIFICATION.**

**NOTE: - Candidate should be present personally at the time of Registration from 10 A.M.**

**To 3 P.M. Positively along with all original required documents only twice in a week i.e. TUESDAY&FRIDAY. Documents submission timing 10:00 am to 3:00 P.M.**

**P.T.O.**

**PARTICULARS OF THE CANDIDATE**

- 1. Applicant’s Full Name (In Block Letters).....
- 2. Father’s Name.....
- 3. Marital Status.....Single/ Married/ Widow.....
- 4. Name of Husband (If Married).....
- 5. Date of Birth/ Place of Birth.....

7. Postal Address of Permanent Residence.....

8. I took training of.....  
For a period of.....year.....Months.....From.....to.....  
and qualified the examination in the year.....

I hereby declare that (i) the information given above is true and (ii) I know of no circumstances reflecting my character of professional conduct which could render me in eligible for acceptance on the register.

Date: - .....

Place: - .....

Signature of the Applicant

Certified that the information given above is true to the best of my knowledge Ms./Mr.  
.....Daughter/Wife/Son.....un  
derwent the training of (**ANM/GNM/B.Sc Nursing**) At.....  
.....from.....to.....

And duly qualified/successfully completed her training for final examination held in the  
month of .....Her Roll Number for the final examination  
was.....

Countersigned

C.M.O./S.M.O./M.S.  
Govt. Nursing School with Seal

Principal of Training  
Institute/Nursing School with Seal

Director/Chairman/Vice-Principal  
Private Nursing School with Seal

Date:-

Place:-

**NOTE: - Countersigned by above mentioned authorities is mandatory for registration  
Otherwise R.N. and R.M. will not be issued.**