

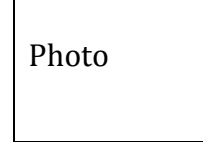
www.hpnc.orgOFFICE: - 0177-2814320.

**HIMACHAL PRADESH NURSES REGISTRATION COUNCIL, PRIYADARSHINI APARTMENT
BOTH VILLA LODGE, NEAR GOVT. DENTAL COLLEGE BUILDING, IGMC, SANJALI ROAD,
SHIMLA-1.**

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

To,

The Registrar,
H.P. Nurses Registration Council,
IGMC, Shimla-171001,



Madam,

It is requested that my name be registered under Act. HPNRC 15 of 1978 with the H.P. Nurses Registration Council as a B. ScNursing/ GNM/ANM/FHW/FHS and trained Dai duly completed necessary documents along with account payees through **Chalan SlipSr. No**.....ForRs.....is enclosed as registration fee, deposited on dated.....

Yours Faithfully,

Signature.....

Name of the applicant.....

Address.....

.....

Cont no. of the candidate.....

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 12:00 O'clock.

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.....
- 6. Nationality.....
- 7. Postal Address of Permanent Residence.....
-
- 8. I took training of Basic B.ScNsg/General Nurse Midwife/ ANM name of Hospital/Institutions/School.....
- 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/MrDaughter/Wife/Son.....un derwent the training of.....At..... from.....to.....

And duly qualified/successfully completed her training for final examination held in the month ofHer 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.**

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Office:- 0177-2814320

REGISTRAR, H.P. NURSES REGISTRATION COUNCIL, PRIYADARSHINI APARTMENT BOTH VILLA LODGE, NEAR GOVT. DENTAL COLLEGE BUILDING, IGM, SANJALI ROAD, SHIMLA-1.

The candidate must be attached the following documents (Photocopy) with the Application duly attested by the Gazetted officer/Self Attested for the Registration of ANM/GNM/B.Sc N/T.Dai/F.H.S.

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

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