Form No-I



ASSAM NURSES' MIDWIVES' & HEALTH VISITORS' COUNCIL

(An Autonomous Nursing Body) 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.
2. Date of Birth:
D D M M Y Y Y Y
Day Month Year
3. Gender: 4. Caste:
5. Nationality. 6. Marital Status:
7. Permanent Residential Address:
Mobile No Landline No
Email Id :
8. Corresponding Address: Mobile No. Landline No.
Email Id:
9. GENERAL INFORMATION:
Please tick (✓) as appropriate.
a. Registration Certificate applied for : Original Provisional Duplicate Change of Name
b. Institution from where course is completed (Original and Xerox copy should be produced with name of the institution in which trained a year, month, date of entry and date of completion should be specified separately for bar qualification, Degree and Diploma qualification with a certification from head of t institution duly signed & stamp.)
c. Period of Training/Degree & completion of course:
From DDDMMYYYY DDDMMYYYYY DDDMMYYYYY DDDMMYYYYY DDDMMYYYYY
d. Description of Qualification: ANM GNM B.Sc.(N)

10. Payment Detail	s: (To be filled in	by the applicant)		
Name of the Ba	nk			
Amount:	Demand Draft No		Date	
11. Fees details:	B.Sc. (Nsg.)	Rs 3000/-		
	GNM	Rs.2000/-		
	ANM	Rs.2000/-		
(Fees to be paid only a	as Demand Draft in	favour of "Registrar,	Assam Nurses Midwives & He	alth Visitors Council" payable
at Guwahati from any	Nationalized Bank	x)		
Place:				
Date:				
			Applicant	t's full signature
]	DECLARATION BY	THE APPLICANT	
I (Name in full)	_		of	
				hereby apply to be
				section 17 of Assam Nurses
			` ,	
	_		_	assed the final examination
				University/ Board during
				er, I will be in the practice of
				bounded by the rules and
			-	e enquiry my name may be
C	•		te to the Registrar of the co	
removed from the r	register and I wil	if return my certified	te to the Registrar of the ec	meerica Councii.
			Applicant's	full Signature
Documents require	ed for Primary Regis	tration to be submitted	are as follows:	
Check List			 	
	oto 3 Nos. (Preferal admit Card (Xerox/	oly) light background w photo-copy).	th proper full	
2. Provisional Pass copy)	Certificate (Xerox/	photo-		

3. Provisional Mark sheet (Xerox/photo-copy).

applicable (Xerox/photo-copy).

4. Identity proof with Address. i.e. Voter ID/Bank Passbook/Passport etc.. Whichever is

N.B. Please bring a Xerox copy of fill up application form & demand draft

5. Demand Draft with requisite fees as mention in the application form.