



10. Payment Details: (To be filled in by the applicant)

Name of the Bank \_\_\_\_\_

Amount: \_\_\_\_\_ Demand Draft No \_\_\_\_\_ Date \_\_\_\_\_

11. Fees details :      B.Sc. (Nsg.)    Rs.3000/-  
                                  GNM                Rs.2000/-  
                                  ANM                Rs.2000/-

(Fees to be paid only as Demand Draft in favour of “Registrar, Assam Nurses Midwives & Health Visitors Council” payable at Guwahati from any Nationalized Bank)

Place :

Date :

Applicant's full signature

**DECLARATION BY THE APPLICANT**

I (Name in full) \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ hereby apply to be admitted to the Register of Nurse / Midwives/ Health Visitors under clause (a) of section 17 of Assam Nurses' Midwives' and Health Visitors Registration Act 1944& 1953. I had undergone \_\_\_\_\_ course in the \_\_\_\_\_ and passed the final examination in \_\_\_\_\_ held by the \_\_\_\_\_ University/ Board during the year \_\_\_\_\_. I hereby undertake that if I am admitted to the Register, I will be in the practice of my profession as Nurse/ Midwives/ Health visitors observing the norms and bounded by the rules and regulations issued by the Council. If the Council find me a defaulter after due enquiry my name may be removed from the Register and I will return my certificate to the Registrar of the concerned Council.

Applicant's full Signature

Documents required for Primary Registration to be submitted are as follows:  
Check List

1. Passport Size photo 3 Nos. (Preferably) light background with proper full uniform. HSLC admit Card (Xerox/photo-copy).
2. Provisional Pass Certificate (Xerox/photo-copy)
3. Provisional Mark sheet (Xerox/photo-copy).
4. Identity proof with Address. i.e. Voter ID/Bank Passbook/Passport etc.. Whichever is applicable (Xerox/photo-copy).
5. Demand Draft with requisite fees as mention in the application form.

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