

**ASSAM NURSES' MIDWIVES' & HEALTH VISITORS' COUNCIL**

Six Mile, Khanapara Guwahati-22, Assam

Email: assamnursingcouncil@gmail.comwww.assamnursingcouncil.in

11. Registration Number and Date of Assam Nurses' Midwives' & Health Visitor's Council.

- ANM Nursing _____ dated _____
- GNM Nursing _____ dated _____

- B.Sc. Nursing _____ dated _____
- PB. BSc. Nursing _____ dated _____
- MSc Nursing _____ dated _____
- Others _____ dated _____

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

Amount: _____ Demand Draft No _____ Name of the Bank _____

Applicant's full signature

INSTRUCTION FOR THE APPLICANTS

1. Application form will be accepted only when it is enclosed with attested true copy of:-

- Diploma/Degree Certificate of B.Sc. Nurses /ANM/GNM.
- B.Sc. Nurse/G.N.M/A.N.M registration certificate.
- Passport size photo with proper uniform duly attested and submit 2 copies without attested with standard size i.e. 3X4 cm².
- H.S.L.C. Admit Card.
- Identity Card with proper home address. (Office I-Card with validity/Voter ID/DL/Aadhar Card/Indian Passport/Bank passbook etc.. needed anyone of it)
- CNE Certificate/ Attended Seminar/ Conference/Scientific Paper Presentation/Publication /Training are to be enclosed if any for credit points.

2. Application form, completed in all respects, should be sent to the Registrar, Assam Nurses' Midwives' & Health Visitors' Council, Six Mile, Khanapara, Guwahati-22 along with registration fee of ₹ 200/-

3. Payment should be made through demand draft in favour of " **Registrar, Assam Nurses' Midwives' & Health Visitors' Council**" payable at "**Guwahati**" in any Nationalised Bank of India and its is mandatory to write "**Name, Address, Phone No and E-mail ID** " on the back side of the Bank draft.4. The **Certificates are to be received only by the applicant.**5. **Bring xerox copy of (fill-up) Application Form and Demand Draft.****N.B:-Original Registration Certificate is required for Renewal Validation and date for next renewal.**