

15. Current Employment Details (if Any) : _____
(Mentioned designation, Name of the authority along with _____
Address of the employer with phone number and email ID) _____

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

Amount: _____ DD. No _____ Name of the Bank _____

17. Fees details (Reciprocal): B.Sc. (Nsg.) ₹ 3200/-
GNM ₹ 2200/-
ANM ₹ 2200/-

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 as far as they affect me. If the Council at any time find me a defaulter and after due enquiry order by the name to be removed from the Register and I will return my certificate to the Registrar of the concerned Council.

Date:

Place:

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.
 - Mark sheet of B.Sc. Nursing/GNM/ANM Course.
 - B.Sc. Nurse/G.N.M/A.N.M Registration Certificate.
 - **No Objection Certificate** issued by the concern **Nursing Council**.
 - Passport size photo with proper uniform duly attested by Principal/Principal Nursing Officer (PNO) of the concerned Nursing Institution in the application form and submit 4 copies without attested with standard size i.e. 3X4 cm².
 - H.S.L.C. Admit Card.
 - Residential Address proof: Govt ID/Ration Card/Voter Card/Passport.
 - PAN CARD (MANDATORY)
2. Application form, completed in all respects, should be sent to the Registrar, Assam Nurses' Midwives' & Health Visitors' Council, Six Mile, Khanapara, Guwahati-781022, Assam along with registration fee (refer to the fee details).
3. Registration will be valid for 5 (Five) years only. It will then stand lapsed. The registration fee has to be paid in one time and not in instalments.
4. Payment should be made through demand draft only 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.
5. The **Certificate is/are to be received only by the applicant** or by an authorised person duly permitted by the concerned Head of the Institution.