

# HARYANA NURSES AND NURSE-MIDWIVES COUNCIL

Bays No. 55-58, Paryatan Bhawan, Sector 2, Panchkula

## REGISTRATION FORM

PASTE ONE  
PASSPORT SIZE  
PHOTO DULY  
ATTESTED BY THE  
PRINCIPAL TUTOR  
OF HER/HIS  
TRAINING SCHOOL /  
COLLEGE

(For Office Use Only)

Regn. No. \_\_\_\_\_

Dated \_\_\_\_\_

(Name and Address shall be written in **BLOCK LETTERS**)

1. Applicant's Full Name \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of Birth (Attach attested copy of metric certificate) \_\_\_\_\_
4. Nationality \_\_\_\_\_
5. Postal Address of permanent residence \_\_\_\_\_  
\_\_\_\_\_
6. Residence Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_
7. My name be registered as a \_\_\_\_\_ under the  
Haryana Nurses and Nurse Midwives Act, 2017.
8. I took my training as a B.Sc. Nursing / Post Basic Nursing / Midwife / G.N.M. / A.N.M. /  
D.N.E.A. / Nurse name of School/College \_\_\_\_\_  
\_\_\_\_\_ for a period of \_\_\_\_\_ years.  
I joined in \_\_\_\_\_ and completed in \_\_\_\_\_.
9. I passed the previous Council/University \_\_\_\_\_  
Nurses Registration Council qualifying examination in the month of  
\_\_\_\_\_ under Roll No. \_\_\_\_\_.
10. The Registration fee of Rs. \_\_\_\_\_ is sent by Bank Draft in the favour of the  
Registrar, Haryana Nurses and Nurse-Midwives Council payable at Chandigarh only.
11. I hereby declare that I know of no circumstances reflecting on my character or  
professional conduct which would render me ineligible for acceptance on the register.

Dated \_\_\_\_\_

Signature of applicant

**THIS FORM MUST BE ATTESTED BY THE CONCERNED NURSING TRAINING SCHOOL/COLLEGE**

I certify that I am personally acquainted with \_\_\_\_\_

S/o / D/o \_\_\_\_\_ . He / She passed \_\_\_\_\_

examination held in \_\_\_\_\_.

Signature of certifying authorities:-

1) Principal Tutor \_\_\_\_\_

2) Tutor \_\_\_\_\_

Address of School/College \_\_\_\_\_

Dated \_\_\_\_\_

School /College Seal \_\_\_\_\_

**P.T.O.**

## IMPORTANT NOTICE

- (i) Registration fee is as under:-
- |   |        |
|---|--------|
| (1) M.Sc. Nursing                                 | 500/-  |
| (2) B.Sc. Nursing                                 | 1000/- |
| (3) Post Basic Nursing                            | 1000/- |
| (4) G.N.M.  | 1000/- |
| (5) A.N.M.  | 1000/- |
| (6) Midwife                                       | 1000/- |
| (7) Diploma in Nursing Education & Administration | 1000/- |
| (8) Nurse   | 400/-  |
- (ii) **Registration fee is not refundable whether the registration form is accepted or rejected.**
- (iii) **A candidate trained in another State or Country must submit the original Registration Certificate of that State or Country concerned before his/her name can be accepted for registration alongwith two Photostat attested copies.**
- (iv) **A candidate must attach the Photostat attested copies of all mark sheets of M.Sc. Nursing/B.Sc. Nursing/Post Basic Nursing/G.N.M./A.N.M./Midwife/D.N.E.A./Nurse.**
- (v) **A candidate must attach the Photostat attested copy of degree/provisional degree for M.Sc. Nursing/B.Sc. Nursing/Post Basic Nursing registration.**
- (vi) **A candidate must attach the Photostat attested copy of Aadhar Card.**
- (vii) **Photostat copies of any certificate to submit with the registration form must be attested.**