



Assam Nurses' Midwives' & Health Visitors' Council

(A statutory autonomous body constituted under the Assam Nurses', Midwives' and Health Visitors' Act, 1944.)

E-Mail: assamnursingcouncil@gmail.com, Website: www.assamnursingcouncil.com

O/o Director of Health Services Assam, 3rd Floor, Hengrabari, Guwahati-36

ASSAM NURSES' MIDWIVES' & HEALTH VISITORS' COUNCIL ENROLMENT FORM (GNM / ANM)

IMPORTANT INSTRUCTIONS

Form No.....

1. This form must be filled in **BLOCK LETTERS** only.
2. All information must be correct and supported by valid documents.
3. Incomplete, illegible or incorrect forms are liable to be rejected.
4. Attach **self-attested photocopies** of all required documents.
5. Paste **recent passport size photographs** in the space provided.
6. The enrolment fee is ₹500 per student (**exempted for government institutions**). Payment must be made online only.
7. The completed form must be forwarded **through the Head of the Institution**.
8. Overwriting or use of correction fluid is not permitted.

A. STUDENT PERSONAL DETAILS

1. Full Name of Student: _____
2. Father's Name: _____
3. Mother's Name: _____
4. Date of Birth (DD / MM / YYYY): _____
5. Gender: ☐ Male ☐ Female ☐ Other
6. Category: ☐ GEN ☐ OBC ☐ SC ☐ ST ☐ Others: _____
7. Nationality: _____
8. Aadhar No: _____
9. Permanent Address: _____

(Affix passport
size photo here)
DO NOT STAPLE



Safeguarding Standards & Strengthening Care... Since 1944



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10. Correspondence Address: _____

11. Mobile Number: _____

12. Alternate Mobile Number: _____

13. Email ID: _____

B. ACADEMIC QUALIFICATION DETAILS (HSLC & HS)

Particulars	H.S.L.C (10th Standard)	H.S (12th Standard)
Name of Board		
Year of Passing		
Stream	N/A	Science / Arts / Others _____
Roll Number		
Total Marks		
Marks Obtained		
Percentage (%)		
Division		

C. ENTRANCE EXAMINATION DETAILS

- Name of Examination: ☐ GNMCEE ☐ ANMCEE
- Year: _____
- Roll Number: _____
- Marks Obtained: _____
- Rank: _____



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D. COURSE & INSTITUTION DETAILS

- **Course Applied For:** ☐ GNM ☐ ANM
- **Name of Nursing Institute:** _____
- **Address of Institute:**

- **Year of Admission:** _____
- **Institute Code:** _____
- **Student Roll No.:** _____

E. DOCUMENTS ATTACHED (Tick ✓)

- ☐ HSLC Marksheet & Certificate
- ☐ HS Marksheet & Certificate
- ☐ Admit Card (HSLC & HS)
- ☐ GNMCEE/ ANMCEE Admit Card & Score Card
- ☐ Caste Certificate
- ☐ Online fee payment receipt

F. DECLARATION BY STUDENT

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that if any information is found to be false or incorrect, my enrolment is liable to be cancelled by the Assam Nurses' Midwives' & Health Visitors' Council.

Place: _____

Date: _____

Signature of Student: _____





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G. CERTIFICATION BY HEAD OF INSTITUTION

This is to certify that the above-named student has been admitted in this institution for the GNM / ANM course and that the particulars furnished above have been verified from the original records.

Name of Head of Institution: _____

Designation: _____

Signature: _____ Date: _____

Official Seal

FOR OFFICE USE ONLY (Assam Nurses' Midwives' & Health Visitors' Council)

Date of Receipt: _____

Course: ☐ GNM ☐ ANM

Institute Code: _____

Fee Received: ☐ Yes ☐ No ☐ Not Applicable

Amount: Rs. _____ Transaction ID: _____

Documents Verified: ☐ Yes ☐ No

Remarks:

Enrolment Approved: ☐ Yes ☐ No

Enrolment Number Allotted: _____

Registrar Signature & Seal: _____

