



# 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](mailto:assamnursingcouncil@gmail.com), Website: [www.assamnursingcouncil.com](http://www.assamnursingcouncil.com)

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

**NRC/43/2012/ 586**

**Date: 10-04-2026**

## **GENERAL NOTICE**

### **SUBMISSION OF TEACHING FACULTY DETAILS BY SCHOOLS OF NURSING**

It is hereby notified for general information that all Schools of Nursing (Government and Private) are required to submit **updated details of their teaching faculty** to the Council.

This is essential for maintaining accurate records and ensuring compliance with the prescribed regulatory standards.

#### **Required Information (for each faculty):**

- Full Name
- Designation
- Date of Birth
- Gender
- Basic Nursing Qualification (with institute)
- Additional Qualification(s) / Specialization (with institute)
- Registration Number (RNRM No.)
- Name of Registration Council
- NUID Number
- Total Years of Clinical Experience
- Total Years of Teaching Experience
- Date of Joining Present Institution
- Nature of Appointment (Regular / Contract / Part-time)
- Contact Details (Mobile Number & Email ID)
- Aadhaar No.

#### **Documents to be Submitted:**

- Self-attested copies of Educational Certificates
- Registration Certificate(s)
- Experience Certificates (Clinical & Teaching)
- Appointment Letter





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## Instructions:

- The submitted information must be **complete, accurate, and duly verified** by the Head of the Institution.
- Submission of incorrect or incomplete information may invite **appropriate regulatory action**.
- All institutions are required to comply with this notice.

All Schools of Nursing shall submit the required details by **11.5.2026**.

The information should be submitted in:

- **Hard copy** (duly signed and sealed), and
- **Soft copy** (Excel format) to the Council office/email.

This notice may be treated as **MOST IMPORTANT**.



*Deena*  
**Registrar**  
Assam Nurses' Midwives' and Health Visitors' Council  
Hengrabari, Guwahati  
Assam, O/o the DHS,  
Health Visitors' Council  
O/o Director of Health Services Assam,  
Hengrabari, Guwahati-36

