



ASSAM NURSES' MIDWIVES' & HEALTH VISITORS' COUNCIL

(An Autonomous Nursing Body)
Six Mile, Khanapara, Guwahati-781022, Assam
Website: www.assamnursingcouncil.com
Email: assamnursingcouncil@gmail.com

Instruction for Applicants

APPLICATION FOR ADDITIONAL REGISTRATION

Recent passport size photo with proper uniform preferably white light background

- Write with Black Ball Pen in Capital Letters only.
- Write complete address with District, Pin-code mandatory.
- Applicant should sign in full, within the Box Provided.
- Incomplete form will be rejected.
- Application form should fill up by the applicant's own handwriting.
- 3 Nos. of passport photo and provide one identification proof.
- Provide all Xerox copy of documents whichever is applicable.

1. Name of the Applicant : Miss Mrs. Sr. Mr. Dr. Others

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2. Permanent Residential Address: _____

Mobile No. _____ Landline No. _____

Email Id : _____

3. Corresponding Address: _____

Mobile No. _____ Landline No. _____

Email Id : _____

4. Current Employment Details : _____

(Mentioned designation, Name of the authority along with _____

Address of the employer with phone number and email ID) _____

5. GENERAL INFORMATION:

Please tick (✓) as appropriate.

a. Certificate Registration applied for : Original Provisional Duplicate Change of Name

b. Type of Registration : Additional

c. Institution from where course is completed : _____

(Original and Xerox copy should be produced with name of the institution in which trained and year, month, date of entrance and date of completion should be specified separately for basic qualification, Degree and Post-Graduate qualification with a certification from head of the institution duly signed & stamp.)

d. Description of Qualification Applied for : ANM GNM B.Sc.(N) PB.B.Sc.(N)
M.Sc. (N) M.Phil(N) Ph. D. (N)
LHS Others Diploma

6. Period of Training /Degree.

From

D	D	M	M	Y	Y	Y	Y
Day		Month		Year			

D	D	M	M	Y	Y	Y	Y
Day		Month		Year			

7. Date of Birth _____ 8. Caste : _____ Nationality: _____

Day Month Year

10. Sex: Male Female 11. Marital Status: Married Single Others

12. Are you registered in any State Nursing Council? Yes No.
If yes, which state nursing council? (Provide the name and address of the council).

13. Provide the RN, RM Nos. & date of registration.

a. RN No. _____ RM No. _____

b. Date of last registration _____

(Attached Registration /diploma Certificate with a Xerox copy)

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

Name of the Bank _____

Amount: _____ Online Payment ID _____ Date _____

15. Fees details : Additional Qualification (State) ` 1000/-
Other State ` 2000/-

(Fees to be paid only through Online Payment, link is in the website (www.assamnursingcouncil.com)).

Place :

Date :

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. If the Council find me a defaulter after due enquiry my name may be removed from the Register
and I will return my certificate to the Registrar of the concerned Council.

Applicant's full Signature

Documents required for Additional Registration to be submitted are as follows:

Check List

1. Passport Size photo 3 Nos. (preferably) light background with proper uniform.
2. HSLC admit Card (Xerox/photo-copy).
3. Diploma Certificate (Xerox/photo-copy).
4. Registration Certificate (Xerox/photo-copy).
5. Additional qualification i.e. PB.BSc./M.Sc./Ph.D/DPN etc. whichever is applicable (Xerox/photo-copy)
6. Identity proof with Address. i.e. Govt.I Card/Voter ID/Bank Passbook/Passport etc.. whichever is applicable (Xerox/photo-copy).
7. Online payment receipt should be submitted along with this form.