



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: \_\_\_\_\_ Online Payment ID \_\_\_\_\_ Name of the Bank \_\_\_\_\_

17. Fees details (Reciprocal): B.Sc. (Nsg.) ` 3200/-  
GNM ` 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 cm<sup>2</sup>.
  - 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 only through Online Payment, link is in the Website (www.aasamnursingcouncil.com).
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.
6. Online payment receipt should be submitted along with this form.