



**ASSAM NURSES' MIDWIVES' & HEALTH VISITORS' COUNCIL**

(An Autonomous Nursing Body)

Six Mile, Khanapara, Guwahati-781022, Assam

Website: [www.assamnursingcouncil.com](http://www.assamnursingcouncil.com)

Email: [assamnursingcouncil@gmail.com](mailto:assamnursingcouncil@gmail.com)

Instruction for Applicants

**APPLICATION FOR PRIMARY REGISTRATION**

- 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.

Recent passport size photo with proper uniform preferably white light background

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

2. Date of Birth:

Day Month Year

3. Gender:

4. Caste:

5. Nationality:

6. Marital Status:

7. Permanent Residential Address:

Mobile No. \_\_\_\_\_ Landline No. \_\_\_\_\_

Email Id : \_\_\_\_\_

8. Corresponding Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Landline No. \_\_\_\_\_

Email Id : \_\_\_\_\_

**9. GENERAL INFORMATION:**

Please tick (✓) as appropriate.

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

b. 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 entry and date of completion should be specified separately for basic qualification, Degree and Diploma qualification with a certification from head of the institution duly signed & stamp.)

c. Period of Training/Degree & completion of course:

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year		Day	Month	Year		

d. Description of Qualification: ANM  GNM  B.Sc.(N)

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

Name of the Bank \_\_\_\_\_

Amount: \_\_\_\_\_ Online Payment ID \_\_\_\_\_ Date \_\_\_\_\_

11. Fees details :      B.Sc. (Nsg.)    Rs.3000/-  
                                  GNM                Rs.2000/-  
                                  ANM                Rs.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 Primary Registration to be submitted are as follows:  
Check List

1. Passport Size photo 3 Nos. (Preferably) light background with proper full uniform. HSLC admit Card (Xerox/photo-copy).
2. Provisional Pass Certificate (Xerox/photo-copy)
3. Provisional Mark sheet (Xerox/photo-copy).
4. Identity proof with Address. i.e. Voter ID/Bank Passbook/Passport etc.. Whichever is applicable (Xerox/photo-copy).
5. Online payment receipt should be submitted along with this form.