

HARYANA NURSES REGISTRATION COUNCIL

SCO No. 3, 2nd floor, Sector 20-D, Chandigarh-160020, Ph.:0172-2706094

REGISTRATION FORM

PASTE ONE
PASSPORT SIZE
PHOTO DULY
ATTESTED BY THE
PRINCIPAL TUTOR
OF HER/HIS
TRAINING SCHOOL /
COLLEGE

(For Office Use Only)

Regn. No. _____

Dated _____

(Name and Address shall be written in **BLOCK LETTERS**)

1. Applicant's Full Name _____
2. Father's Name _____
3. Date of Birth (Attach attested copy of metric certificate) _____
4. Nationality _____
5. Postal Address of permanent residence _____

6. Residence Telephone No. _____ Mobile No. _____
7. My name be registered as a _____ under the Punjab Nurses Registration Act, 1932, (As applicable to Haryana).
8. I took my training as a B.Sc. Nursing / Post Basic Nursing / Midwife / G.N.M. / A.N.M. / D.N.E.A. / Nurse name of School/College _____
_____ for a period of _____ years.
I joined in _____ and completed in _____.
9. I passed the previous Council/University _____ Nurses Registration Council qualifying examination in the month of _____ under Roll No. _____.
10. The Registration fee of Rs. _____ is sent by Bank Draft in the favour of the Registrar, Haryana Nurses Registration Council payable at Chandigarh or by cash only.
11. I hereby declare that I know of no circumstances reflecting on my character or professional conduct which would render me ineligible for acceptance on the register.

Dated _____

Signature of applicant

THIS FORM MUST BE ATTESTED BY THE CONCERNED NURSING TRAINING SCHOOL/COLLEGE

I certify that I am personally acquainted with _____

S/o / D/o _____ . He / She passed _____
examination held in _____.

Signature of certifying authorities:-

1) Principal Tutor _____

2) Tutor _____

Address of School/College _____

Dated _____

School /College Seal _____

P.T.O.

IMPORTANT NOTICE

- (i) Registration fee is as under:-
- | | |
|---|--------|
| (1) B.Sc. Nursing | 1000/- |
| (2) Post Basic Nursing | 1000/- |
| (3) G.N.M. | 1000/- |
| (4) A.N.M. | 1000/- |
| (5) Midwife | 1000/- |
| (6) Diploma in Nursing Education & Administration | 1000/- |
| (7) Nurse | 400/- |
- (ii) **Registration fee is not refundable whether the registration form is accepted or rejected.**
- (iii) A candidate trained in another State or Country must submit the original Registration Certificate of that State or Country concerned before his/her name can be accepted for registration alongwith two Photostat attested copies.
- (iv) A candidate must attach the Photostat attested copies of all mark sheets of B.Sc. Nursing/Post Basic Nursing/G.N.M./A.N.M./Midwife/D.N.E.A./Nurse.
- (v) Photostat copies of any certificate to submit with the registration form must be attested.