

Meghalaya Nursing Council



**Health Complex
Red Hill, Upper New Colony,
Laitumkrah, Shillong – 793003**

APPLICATION FOR REGISTRATION

I (Name in full)
son/daughter of residence of
(Permanent Address).....
.....

hereby apply to be admitted to the Register of Nurses under Meghalaya Nursing Council. I was
undergoing the Training Course from Date Month Year to Date
..... Month Year at

..... School/College
and passed the Final Examination Course in F.H.W. / L.H.V. / G.N.M / Post Basic Diploma / P.B.
B.Sc. Nursing / B.Sc. Nursing / M.Sc. Nursing / M.Phil / Ph.D. Held by the Council / University in
..... And the date of joining in the
services

I hereby undertake that if I am admitted to the Register, I will in practice of my profession as a
Nurse Midwife / Female Health Worker, observe and be bound by the Rules & Regulation issued
by the Council as far as they affect me and that if the council shall at any time after due enquiry
order my name to be removed from the Register, I will return my Certificate to the Registrar.

I pay hereby the prescribed fee Rs. 1,000/-

Signature of the Candidate

Signature of the Head of the School

N.B. To submit the attested copy of
Registration Number of RN / RM

SEAL

Countersigned by the Head of the Institution

SEAL