

# Meghalaya Nursing Council



Health Complex  
Red Hill, Upper New Colony,  
Laitumkhrah, Shillong – 793003

## APPLICATION FOR RE – REGISTRATION

Name in full (Block Letter) Mr./Mrs./Miss. ....

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Date of Birth ..... Sex ..... Caste .....

Community ..... Religion .....

Father' Name .....

Mother's Name.....

Permanent Address.....

.....

Present Address.....

.....

Phone No. .... Email. ID .....

Name of Institution & Address.....

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Training Course / Examination Passed.....

Examination held by.....

.....

Duration of the Course ..... Starting Date .....

Date of Completion ..... Date of Joining the Service.....

Designation..... Place of Work.....

I hereby undertake that if I am admitted to the Register, I will in the 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 herewith the prescribed fee Rs. 1,000/- .....

**Signature of the Candidate**

**N.B.** To submit: -

1. Attested copy of Registration Certificate
2. Attested copy of Diploma Certificate / Degree Certificate
3. Two Nos. of Photo (1 Passport Size & 1 Stamp Size)