

Price Rs 20/-

APPLICATION FOR REGISTRATION AS:UNDER JAMMU AND KASHMIR NURSING COUNCIL ACT, 2012 (RULE 17(3))

The Registrar, J&K Nursing Council, Srinagar/Jammu.

Sir,

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I request that my name may be entered in the register of Registered Nursing Council maintained by the Jammu and Kashmir Nursing Council, 2012. My particulars are given as under:-

| 2 | PERMANENT ADDRESS PARTIE OF BIRTH FATHER'S NAME PERMANENT ADDRESS PRESENT ADDRESS PLACE OR PLACES AND PERIOD OF PERIODS OF TRAINING |
|---|--|
| ώ | APPROVED QUALIFICATIONS |
| | |

| 9. UNDER THIS HEADING | UNDER THIS HEADING THE NATURE OF THE QUALIFICATIONS AND | |
|--|---|----------------|
| THE DATE OF CERTIFIC | THE DATE OF CERTIFICATES SHOULD BE ENTERED | |
| | | |
| | | 7 [|
| 10. CONTACT NOMBER | | |
| | | |
| E-MAIL | | |
| | | 1 |
| I am sending herewith necessary o | am sending herewith necessary certificates, in original as proof of my qualification and registration. | 1 |
| The fee of Rs.700/- is forwarded h | The fee of Rs.700/- is forwarded herewith in the shape of Paying Slip/Postal Order. | |
| I hereby undertake that the information and belief and nothing has been conce incorrect, false or misleading at any tirtake any action against me under law. | I hereby undertake that the information furnished by me herein above are true and correct to the best of my knowledge and belief and nothing has been concealed or suppressed therein. In case my information as given above found incorrect, false or misleading at any time, I shall be held responsible for the same and the authorities shall have right to take any action against me under law. | edge ght to |
| Place:- | Yours faithfully | |
| Date:- | | |
| Encls:- | Signature of the Applicant. | |
| | Registration No Alloted | |
| | FOR OFFICE USE ONLY | |
| | VERIFICATION | |
| 10" Marks card /D.O.B. Certificate 12" Class Marks Card. 1st year/IInd Year/ Illrd Year / IV Yes FMPHW/Ist Year/IInd Year/Diploma | 10" Marks card /D.O.B. Certificate 12 th Class Marks Card. Ist year/IInd Year/ IIIrd Year / IV Year Marks Certificate /GNM Diploma Certificate FMPHW/Ist Year/IInd Year/Diploma GNM-IInd year Marksheet & College GNM/IIIrd Year/Diploma | |
| | s) | |
| | B.Sc Nursing Certificate/ Provisional Certificates (2 Photocopies) M.Sc Nursing Certificate | |
| | | |
| 9. Affidavit (attested from First Class Magistrate) | irst Class Magistrate) | |
| _ | a) Vice-President J&K State Paramedical Council - Rs. 500/- b) President J&K State Nursing Council – Rs. 700/- Passport size Photograph (4) | |
| 12. Self attested documents | | |
| Dealing Assistant | HA/S.O Registrar | |