

9.	UNDER THIS HEADING THE NATURE OF THE QUALIFICATIONS AND											
	THE DATE OF CERTIFICATES SHOULD BE ENTERED											

10.	CONTACT NUMBER											
	E-MAIL											

I am sending herewith necessary certificates, in original as proof of my qualification and registration.

The fee of Rs.700/- is forwarded herewith in the shape of Paying Slip/Postal Order.

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.

Place:-

Yours faithfully

Date:-

Encls:-

Signature of the Applicant.

Registration No Alloted					
----------------------------	--	--	--	--	--

FOR OFFICE USE ONLY
VERIFICATION

1. 10th Marks card /D.O.B. Certificate
2. 12th Class Marks Card.
3. 1st year/1nd Year/ 1lrd Year / IV Year Marks Certificate /GNM Diploma Certificate
4. FMPHW/1st Year/1nd Year/Diploma, GNM-1nd year Marksheet & College, GNM/1lrd Year/ Diploma (Lateral Entry Documents)
5. B.Sc Nursing Certificate/ Provisional Certificates (2 Photocopies)
6. M.Sc Nursing Certificate
7. State Subject
8. Aadhaar Card
9. Affidavit (attested from First Class Magistrate)
10. Paying Slips.
 - a) Vice-President J&K State Paramedical Council - Rs. 500/-
 - b) President J&K State Nursing Council – Rs. 700/-
11. Passport size Photograph (4)
12. Self attested documents

Dealing Assistant

HA/S.O

Registrar