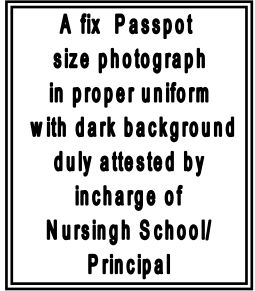


**APPLICATION FOR REGISTRATION
IN BIHAR NURSES REGISTRATION COUNCIL**

To,
The Registrar
Bihar Nurses Registration Council,
Vikash Bhawan New Secretariat,
3rd Floor, Room No 330 "A" Bailey Road,
Patna – 800015



Madam,

I have the honor to request that I have taken training of ANM/GNM/B.Sc.(N)/M.Sc.(N) from training institute..... under University/Examination Body.....

The information necessary for registration is specified below :-

- 1 Name of applicant (Capital Letter) -
(As per certificate)
- 2 Father's Name (Capital Letter) -
(As per certificate)
- 3 Date of Birth -
(As per Matriculation Certificate)
- 4 Applicant's Nationality -
- 5 Permanent Address Vill/Moh Post.....Ps.....
Dist.....Pin Code
Phone No.....Mobile No.....
- 6 Correspondence Address Vill/Moh Post.....Ps.....
Dist.....Pin Code
Phone No.....Mobile No.....
- 7 Full name and Address of Training -
Institution where trained
- 8 Date of admission for -
GNM/RANM/B.Sc/M.Sc trained
- 9 Year and Month of Passing Examination
1st Year Under Roll No
2nd Year Under Roll No
3rd YearUnder Roll No
4th YearUnder Roll No
Internship from to

Date.....

Signature of Applicant

INSTRUCTION

- 1 Enclosed Photostat copy of Matriculation Certificate / 10+2 Certificate / Mark Sheet of Nursing Examination 1st Year, 2nd Year, 3rd Year, 4th Year and Admit Card of all Exam duly self attested.
- 2 Application for Registration should be submitted through Training School.
- 3 Registration Certificate will be issued after obtaining verification report from concerning training institute.

Memo No Date

Application of Miss/Mrs.....Ex student of this institution is forwarded the Registrar, Bihar Nurses Registration Council, Patna for needful. She is completed the course as per syllabus and Regulations laid down by INC. Nursing School is recognized by I.N.C at the time of commencement and completion of training from to vide certificate No dated in pursuance of the provisions of sub-section (2) of Section 13 of the I.N.C Act 1947,

Signature of Sister Tutor I/C/
Principal School of Nursing
(SEAL)

Signature of Superintendent/
Med. Supdt.
(SEAL)

Mandatory

भरना अनिवार्य है ।

For Computerization

Course

1. Name

2. Father's Name

3. Date of Birth

4. Previous Registration No and Date (if any)

5. Date of Admission

Date of Passing

6. School/College

7. Board