

Serial No.

Regn. No. :

Rs.30/- only.

Date :

(For Council Use)

WEST BENGAL NURSING COUNCIL

ANM / GNM (Please ✓ Tick Mark)



APPLICATION FOR REGISTRATION UNDER CLAUSE (a) OF SECTION 18
(To be submitted through the Superintendent of the Institution)

1. NAME IN BLOCK LETTERS (In Full)
2. Permanent Address (in full with Pin Code No.)
(in Block Letters)

I hereby apply to be admitted to Register of **GENERAL NURSE-MIDWIFE/**
AUXILIARY NURSE-MIDWIFE under Section 18(a) of the Bengal Nurses Act, -1934.

- | | | | | |
|---|------|-------|------|---------------------------|
| 3. Date & Place of Birth | Year | Month | Date |
(Place of Birth) |
| 4. Father's Name (In Full) | : | | | |
| 5. Husband's Name (In Full) | : | | | |
| 6. Nationality | : | | | |
| 7. Whether Married-Single-Widow-Separated | : | | | |
| 8. Where employed or practising | : | | | |
| 9. Student Registration No. | : | | | |
| 10. Name of Training School | : | | | |

I was trained at the

Foryears.....months.....and passed the Final
Examination in General Nursing - Midwifery / Auxilliary Nurse - Midwifery (R) Examination held
by the Council in.....20

I hereby undertake that if I am admitted to the Register I will, in the practice of my profession
as Nurse/Midwife/Health visitor/Auxiliary Nurse-Midwife, observe and bound by the rules and
regulations issued by the Council so 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 to the
Registrar my certificate. I pay herewith the prescribed fee of Rs.....and submitted
with attested 3 (three) passport size Photos (Colour 1 Copy Front side & 2 Copies Backside)
with uniform by N/S, P. N.O. of the NTC with mentioning the name of the candidate positively.

Date :

Countersignature
(with Seal)

Superintendent/Nursing Supdt./
Principal Nursing Officer/Sr. Sister Tutor
(Office Seal)

Signature of the applicant in full

N.B. : Strike out which is not applicable.

Student Regn. No.....