



# DELHI NURSING COUNCIL

A.B. College of Nursing Building, L. N. Hospital  
New Delhi – 110002

## APPLICATION FORM FOR ADDITIONAL QUALIFICATION CERTIFICATE

1. Name: \_\_\_\_\_ D/O.: \_\_\_\_\_
2. Aadhar No. : \_\_\_\_\_
3. DNC Registration No.: \_\_\_\_\_
4. Basic Qualification with College Name : \_\_\_\_\_
5. Applied for: P.B. B.Sc. Nursing/ M. Sc. Nursing: \_\_\_\_\_
6. Course duration : From (month/year) \_\_\_\_\_ to (month /year) \_\_\_\_\_
7. College Name & Address \_\_\_\_\_
8. Examination Board: \_\_\_\_\_
9. Examination Date: month/year) \_\_\_\_\_

**(Signature of Applicant)**

**Enclose:-**Filled application form with the following documents and send it to Delhi Nursing Council through the post.

- Photocopies (duly attested) of all years mark sheet issued by council/Exam Board/Universities, obtained from recognized nursing institute.
- Copy of degree.
- Address Proof of the nursing training institute from where the training is obtained.
- Duly attested Photocopy (front and back) of Delhi Nursing Council registration Certificate
- Submit the fee Rs.1000/- paid through online A/c no. **90682010083742** IFSC code **CNRB0019068**
- Submit copy of screenshot as proof of submission of fee.