

Delhi Nursing Council

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

Application form for the post of Registrar

1. Surname First Name..... Middle Name.....

2. Date of Birth :/...../..... (in Words).....

.....

3. Address

• Present :.....

.....

• Permanent :.....

.....

4. Qualification

• Education :.....

.....

.....

• Professional :.....

.....

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5. Membership of Professional Bodies :.....

• Delhi Nursing Council RN/RM No :.....

• NUID No. :.....

6. Employment Indicating the name of Organization :.....
.....

- Post Held :.....
- Period of Service :..... Last Salary Drawn :.....

7. Nature of Duties -

- Performed in Chronological Order :.....

8. Name and addresses of three references-

- One-present employer :.....

- Two-other nursing persons not related to the applicant:

1.

2.

9. SC/ST :.....

10. Additional information, if any:
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Date :.....

Place :.....

Signature of Applicant

For office use only

Remarks

Signature