



Delhi Nursing Council

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

Application Form For Registration/ Re-Registration
Form No - Web / DNC /

Three
Photographs
Attested by
employer

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

(Write in capital Letter)

2. Father's Name

3. Mother's Name

4. Husband's Name

5. Gender Female Male

6. Marital Status Single Married

7. Date of Birth: (Attach copy of School Certificate).

8. Place of Birth: 9. Nationality:

10. Email Id

11. Present Address

.....

12. Permanent Address

.....

13. General Qualification:.....

14. Name & Address of the Institution where nursing education was obtained

.....

.....

15. Date of Joining : 16. Date of Completion

17. Programme of study completed (B.Sc/GNM/MPHW(F)/LHV/Health Supervisor)

.....

18. Name & Address of the Employer (if working presently)

.....

19. Type of Registration required First Registration Temporary Re-registration

20. **For Applicants of Permanent / Temporary Registration (Provide Certificate of Attestation overleaf)**

20.1 Name & Address of the Examining Body

.....

20.2 Date of Qualifying Examination...../...../..... (DD/MM/YYYY) Roll No

For Applicants Already Registered

20.3. Name of the Nursing registration Council with which registered already

20.4. Registration No. RN/RM Date of Removal from register (if any)/...../.....

20.5. Date of reinstatementHigher Professional Qualifications.....

21. Registration Fee Paid by Cash/DD No. for Rs.

I hereby declare that the information given above is true to the best of my knowledge and that there are no instances of adverse professional conduct against me that could render me ineligible for registration as Registered Nurse / Registered Midwife / MPH (F) / LHV with Delhi Nursing Council.

Date..... Place Signature Of Applicant

Certificate of Attestation

We certify that we are personally acquainted with Ms/Mr.

D/O W/O S/O whose photograph is attested & affixed on this form. She/he undertook a program of nursing studies at.....

She / he passed the (B.Sc.Nursing / GNM/MPHW(F)/LHV/Health Supervisor)

Examination in the yearand as per records, She/he bears a good moral character.

Name of tutor..... Signature

Name of Principal /..... Signature.....

/ Nursing Superintendent / Employer

Seal of the Institution Place..... Date...../...../.....

For Office Use Only

Application Checked by

Registration fee paid Vide receipt No..... Date/...../.....

Registration Number Alloted

Date Place.....

Signature of Registrar